J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 1

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 60 Johnson Ave St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ambrose Albert Martin (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 60 Johnson Ave St., ... Ward, ... (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lucy Annie Beadle (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years 2 Months 19 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yacht builder & Designer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building plant

10 Date deceased last worked at this occupation (month and year) 1929

11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) East Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Albridge Gerry Martin

14 BIRTHPLACE OF FATHER (City) Marblehead (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Rebecca Dixie

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant Clarence Martin (Address) 60 Johnson Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddeford (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/3/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 1 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 30, 1933, to January 1, 1934

I last saw him alive on January 1, 1934, death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	1932

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1932
Senility	1930

Name of operation none Date of .....

What test confirmed diagnosis Clinical & Laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Jacob Abramy, M. D.

(Address) 562 Shirley St Winthrop Mass Date Jan 1, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL January 3, 1934

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed ..... 19.....

JAN 8 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 893 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine R. Doherty (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 893 Shirley St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Worker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elite Laundry Co.

10 Date deceased last worked at this occupation (month and year) 1916 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Boston (State or country)

PARENTS

13 NAME OF FATHER John H. Doherty

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Roseanna McLaughlin

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Sarah A. McCarthy (Address) 893 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Guldrey (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/3/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Catherine R. Doherty Jan 1 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 31, 1933 to Jan 1, 1934

I last saw her alive on Jan 1, 1933, death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
cardiac failure	12/31/33

Contributory causes of importance not related to principal cause:

myocarditis	?
arthritis	?
hypertension	?
nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 17 Center St. Date 1/2/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood (Cemetery) Brookline (City or town)

DATE OF BURIAL Jan. 4, 1934

22 NAME OF UNDERTAKER W. J. Cassidy

ADDRESS 160 Harrison Ave. Boston

Received and filed JAN 8 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
..	
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30, No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 14

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town)

No. Mass Memorial Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ada Laws (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 3

(a) Residence. No. 9 Tewksbury St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William B Laws (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Maine

PARENTS
13 NAME OF FATHER Eugene R Lewis
14 BIRTHPLACE OF FATHER (City) Bridgeport
(State or country) Conn
15 MAIDEN NAME OF MOTHER Jennie Spear
16 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

17 Informant Mrs Harry Lewis
(Address)

A TRUE COPY: Editor of Records
ATTEST: James J. [illegible]
(Registrar of city or town where death occurred)
DATE FILED Jan 4 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 1 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 25, 19 33 to Jan 1, 19 34
I last saw her alive on Jan 1, 19 34, death is said to have occurred on the date stated above, at 4.15P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

primary carcinoma of gall bladder and ducts with generalized abdominal metastases, also liver, lung, pleura, thoracic duct and all regional lymph nodes

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C A Powell, M. D.
(Address) Boston Date 1/2/ 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan 4 19 34

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed FEB 9 19[illegible] 19
(Registrar of City or Town where deceased resided)

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-'29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 4

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 39 Irwin St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William S Flint (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 Irwin ~~14 Claremont St~~ St., Ward, Worcester (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of Harriett Lanette Flint (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 10 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store (Retired)
10 Date deceased last worked at this occupation (month and year) 1929
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Canaan (State or country) N.Y.

PARENTS
13 NAME OF FATHER Edwin S Flint
14 BIRTHPLACE OF FATHER (City) Canaan (State or country) N.Y.
15 MAIDEN NAME OF MOTHER Francis E. Bristol
16 BIRTHPLACE OF MOTHER (City) Canaan (State or country) N.Y.

17 Informant Mrs Elizabeth Flint (Address) No Attleboro Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Muldrey (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/4/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 2 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 2, 1934
I last saw him alive on Jan 2, 1934, death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Angina Pectoris	Dec 31 1933

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	1930

Name of operation None Date of
What test confirmed diagnosis? Personal Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Jan 3 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hope (Cemetery) Worcester (City or town)
DATE OF BURIAL Jan 4 1933

22 NAME OF UNDERTAKER Richard H White
ADDRESS Winthrop

Received and filed JAN 8 1934 19
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop - Mass; No. 352 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Stillborn Maiolino (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 352 Shirley St., Ward, Winthrop - Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn Premature

7 AGE — Years — Months — Days; If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10 Date deceased last worked at this occupation (month and year) —

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop - Mass (State or country) U. S. A.

PARENTS

13 NAME OF FATHER: Pietro Maiolino

14 BIRTHPLACE OF FATHER (City) August Prov. Siragusa (State or country) Italy

15 MAIDEN NAME OF MOTHER: Rosa Melluzo

16 BIRTHPLACE OF MOTHER (City) Augusta Prov. Siragusa (State or country) Italy

17 Informant (Address) Pietro Maiolino (Father) 352 Shirley St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Goldrick
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/3/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. (Month) 2nd (Day) 1934 (Year)

19 I HEREBY CERTIFY, that I attended deceased from January 2, 1934, to January 2, 1934

I last saw him alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Stillborn Premature
6 month pregnancy

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Rose F. Jannini, M. D.
(Address) 414 Boylston St. Date Jan. 2 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michael (Cemetery) - Boston (City or town)

DATE OF BURIAL: Jan - 4th, 1934

22 NAME OF UNDERTAKER: Angelo Jannini

ADDRESS 215 North St. Boston

Received and filed ... 1934 ... 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

Boston notified 2/12/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Luke J. Riley (If deceased is married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 98 Falcon St., Ward East Boston Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 64 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of Johanna Crowley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 8 Months 1 Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician Boston Elevated R.R.
10 Date deceased last worked at this occupation (month and year) Oct. 1930
11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) Randolph (State or country) Mass.

PARENTS
13 NAME OF FATHER Terrence Riley
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Alice Carroll
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Thomas J. Riley
(Address) 98 Falcon St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Cuddihy (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/4/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 13. 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 2 1934, to Jan 3. 1934, last saw h. alive on Jan 3 1934, death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Formula of Infant milk Celluletes.	1/1/34

Contributory causes of importance not related to principal cause:

Acute Pulmonary edema	1/3/34
Chronic Myocarditis	1/1/33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) George H. Schwartz, M. D.
(Address) 19 Phillips St Date 1/13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL Jan 5 1934

22 NAME OF UNDERTAKER David J. Dooley
ADDRESS 135 London St. E. Boston

Received and filed 19
JAN 8 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 60

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town); No. Beth Israel Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Levenson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 7

(a) Residence. No. 37 Ocean Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced, HUSBAND of Rachel Greenberg (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. undertaker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Dec 11

11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Joseph Levenson

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Harry Levenson (Address)

A TRUE COPY. ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan 5 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 3 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933 to Jan 3, 1934 I last saw him alive on Jan 3, 1934, death is said to have occurred on the date stated above, at 1.05P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
uremia	3 wks
obstructing prostate	7 mos
acute retention	2 dys

Contributory causes of importance not related to principal cause:

fractured left hip	3 wks

Name of operation Date of

What test confirmed diagnosis? X-Rays Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S S Cohen, M. D.

(Address) Boston Date 1/3/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Sharo Tfilho W Rox (Cemetery) (City or town)

DATE OF BURIAL Jan 4 1934

22 NAME OF UNDERTAKER Jacob Levin

ADDRESS Dorchester

Received and filed 19

(Registrar of City or Town where deceased resided)

Revere notified 1/6/34

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 8

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop; No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary K Earley (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Eaton St Revere Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas Earley (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 23 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10 Date deceased last worked at this occupation (month and year): Jan 3 1934
11 Total time (years) spent in this occupation: 2

12 BIRTHPLACE (City) (State or country): Revere Mass

PARENTS
13 NAME OF FATHER: Joseph F O'Sullivan
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Catherine Walsh
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Thomas Earley
(Address) 25 Eaton St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm F. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 1/6/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan (Month) 4 (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from June 1st 1933, to Jan. 4th 1934, I last saw h.. alive on Jan 4th 1933, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Dilatation of Heart	Jan 4

Contributory causes of importance not related to principal cause:

Pregnancy.	May 33

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Edgar W Brown, M. D.
(Address) 20 Cincinnati Date 1/5 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holyhood (Cemetery) Brookline (City or town)
DATE OF BURIAL Jan 8 1934

22 NAME OF UNDERTAKER: R. J. De Neill
ADDRESS: Revere

Received and filed JAN 8 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303 B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

1 PLACE OF DEATH: Suffolk (County), Winthrop (City or Town)
No. 80 Somerset ave Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Percy Baltzer (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. Wilmot Nova Scotia St., Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Ethel Lemon Baltzer (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10 Date deceased last worked at this occupation (month and year):
11 Total time (years) spent in this occupation:

12 BIRTHPLACE (City) Maccan
(State or country) Nova Scotia

PARENTS
13 NAME OF FATHER Not known
14 BIRTHPLACE OF FATHER (City) Not known
(State or country) Canada
15 MAIDEN NAME OF MOTHER Not known
16 BIRTHPLACE OF MOTHER (City) Not known
(State or country) Canada

17 Informant Mrs Lemon
(Address) 80 Somerset ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm L. Chalmers
(Signature of Agent of Board of Health or other)
Health Officer 1/6/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Unknown Flame Burns
Said to have been caught in a burning dwelling at Winthrop
Personally unknown

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) [illegible], M. D.
(Address) Boston Date Jan 12 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] (Cemetery) (City or town)
DATE OF BURIAL Jan 1934

22 NAME OF UNDERTAKER [illegible]
ADDRESS [illegible]

Received and filed JAN 17 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT .

RM R-303 B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 50 Somerset Ave Winthrop St.; Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel Baltzer (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. Wilmot Nova Scotia St., Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Percy [illegible] (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) [illegible]
(State or country) Grand Pre Nova Scotia

PARENTS
13 NAME OF FATHER James L. Simson
14 BIRTHPLACE OF FATHER (City) Grand Pre
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Lucy [illegible]
16 BIRTHPLACE OF MOTHER (City) Hatfield
(State or country) Pennsylvania

17 Informant Mrs. L. Simson Somerset Ave
(Address) Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chickering
(Signature of Agent of Board of Health or other)
Health Officer 1/6/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 6 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
General Flame Burns
Said to have been caught in a burning dwelling at Winthrop Ave
Pneumonia, accidental

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? —
(Signed) [illegible], M. D.
(Address) Boston Date 6 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove (Cemetery) Milford (City or town)
DATE OF BURIAL Jan 10 1934

22 NAME OF UNDERTAKER [illegible]
ADDRESS [illegible]

Received and filed 19

JAN 1 1934 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-305

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 149

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass General Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

11

2 FULL NAME Benjamin S Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 81 Shore Drive St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Ida Mintz
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. meat cutter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Jan 5 1934
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City)
(State or country) Russia

PARENTS
13 NAME OF FATHER Abraham D Thompson
14 BIRTHPLACE OF FATHER (City)
(State or country) Russia
15 MAIDEN NAME OF MOTHER Freeda Lazarus
16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Ida Thompson
(Address) Winthrop

A TRUE COPY.
ATTEST
(Registrar of city or town where death occurred)
DATE FILED Jan 9 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 6 (Day) 1934 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
acute cardiac failure
chronic cardiac
acute gastritis
Said to have become distressed
after eating a meal at home

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of injury 19
Where did injury occur?
(City or town and State)
Manner of Injury
Nature of Injury

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Brickley, M. D.
(Address) Boston Date 1/6/ 19 34

22 PLACE OF BURIAL, CREMATION OR REMOVAL Pride of Boston (Cemetery) Woburn (City or town)
DATE OF BURIAL Jan 7 19 34

23 NAME OF UNDERTAKER J H Levine
ADDRESS Dorchester

Received and filed 19
FEB 8 1934
(Registrar of City or Town where deceased resided)

25m-2-'30. No. 7997-e

RM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 33 Bellevue Av. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabelle Lowden Tedford (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Bellevue Av. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 9 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Tedford (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 91 Years 10 Months 26 Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Pugwash (State or country) Nova Scotia

PARENTS
13 NAME OF FATHER John D. Lowden
14 BIRTHPLACE OF FATHER (City) Pictou (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Mary Ann Dewar
16 BIRTHPLACE OF MOTHER (City) Pugwash (State or country) Nova Scotia

17 Informant Annie A. Webster.
(Address) 33 Bellevue Av. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Lydon
(Signature of Agent of Board of Health or other)
Health Officer 1/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Jan 11, 1934, last saw h. alive on Jan 10, 1934, death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic myocarditis	1932
Contributory causes of importance not related to principal cause:	
Fracture of Right Femur at anatomical neck (due to fall)	Dec 27 1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Obsvn. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date Jan 11 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)
DATE OF BURIAL January 14, 1934

22 NAME OF UNDERTAKER Charles C. Rollins & Co.
ADDRESS 300 Meridian St. E. Boston, Mass

Received and filed JAN 1 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1934

To be filed for burial permit with Board of Health or its Agent.

Registered No. 13

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 62 Washington Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: William David Macpherson (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop. 62 Washington St. Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Agnes Bucknam (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 3 Months 6 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Macpherson's Store
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation 29

12 BIRTHPLACE (City) Napier
(State or country) Ontario

PARENTS
13 NAME OF FATHER William Macpherson
14 BIRTHPLACE OF FATHER (City) Napier
(State or country) Ontario
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown

17 Informant Agnes B. Macpherson
(Address) 62 Washington Av. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guldrey Jr.
(Signature of Agent of Board of Health or other)
Health Officer 1/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Poisoning by a drug
at present unidentified —
Suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19 [illegible]

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)
DATE OF BURIAL January 15, 1934

22 NAME OF UNDERTAKER Charles A. Rollins F.E.P.
ADDRESS 300 Meridian St. E. Boston, Mass

Received and filed JAN 17 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11

1 PLACE OF DEATH
(County) Middlesex
(City or Town) Winthrop
No. 8 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary F King (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 8 Pleasant St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 9 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ✓
(Give maiden name of wife in full)
(or) WIFE of ✓
(Husband's name in full)

6 IF STILLBORN, enter that fact here ✓

7 AGE 85 Years 11 Months 10 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Roxbury
(State or country) Mass.

PARENTS
13 NAME OF FATHER Horace King
14 BIRTHPLACE OF FATHER (City) Rutland Mass.
(State or country)
15 MAIDEN NAME OF MOTHER Catherine Meade
16 BIRTHPLACE OF MOTHER (City) Rutland Mass.
(State or country)

17 Informant Frank W Fletcher
(Address) 25 W Emerson St Melrose Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guldrest Jr.
(Signature of Agent of Board of Health or other)
Health Officer 1/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 12 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 12, 1934, I last saw him alive on Jan 10, 1934, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Pulmonary sclerosis
Congestion

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? ✓

20 Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 1/14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Rural (Cemetery) Rutland Mass (City or town)
DATE OF BURIAL Jan 14 1934

22 NAME OF UNDERTAKER Harry A Ferguson
ADDRESS Melrose Mass

Received and filed JAN 1 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9054.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 78 Beale St Wth St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Gagnon. (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 78 Beale St Wth St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married.

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Simon Gagnon. (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
10 Date deceased last worked at this occupation (month and year) 1-10-34
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Nova Scotia (State or country)

PARENTS
13 NAME OF FATHER Issac Landry
14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)
15 MAIDEN NAME OF MOTHER Adele Landry
16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant Simon Gagnon (Address) 78 Beale St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Jan 18/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from January 4th, 1934, to January 16, 1934
I last saw he alive on January 9, 1934, death is said to have occurred on the date stated above, at 6 1 m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)
Ca of Lobar Pneumonia — Jan 2-34

Contributory causes of importance not related to principal cause:
Chronic renal colitis — 1930

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) [illegible] M. D.
(Address) 726 S[illegible] Date JAN 17-34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL 1-19 1934

22 NAME OF UNDERTAKER Charles H. Tregnor
ADDRESS 79 Saratoga St. E. B.

Received and filed JAN 2[illegible] 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 255 Main St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicholas J. Downes (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 16

(a) Residence. No. 255 Main St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of Mary (Unknown) (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10 Date deceased last worked at this occupation (month and year) Jan 1933

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER Donnes

14 BIRTHPLACE OF FATHER (City) Cannat (State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Richard C Kirby (Address) 255 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/19/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/12, 1933, to 1/17, 1934

I last saw him alive on 1/16, 1934, death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs — Date of Onset IMPORTANT 1/17/34

Contributory causes of importance not related to principal cause:

General Interstitial Fibrosis
Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harry A. Kelly, M. D.

(Address) Cornell

Date 1/18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Jan 19, 1934

22 NAME OF UNDERTAKER R C Kirby Inc.

ADDRESS East Boston

Received and filed JAN 20 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 17

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Swanson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 26 Ocean View St., Ward, (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. days. How long in U. S., if of foreign birth? 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Wilhelmina Anderson (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 11 Months 5 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookbinder

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: News Paper

10 Date deceased last worked at this occupation (month and year): Jan 34

11 Total time (years) spent in this occupation: 30

12 BIRTHPLACE (City) (State or country): Sweden

PARENTS

13 NAME OF FATHER: Nicklas Swanson

14 BIRTHPLACE OF FATHER (City) (State or country): Sweden

15 MAIDEN NAME OF MOTHER: Ingebrison

16 BIRTHPLACE OF MOTHER (City) (State or country): Sweden

17 Informant: Estella Swanson (Address) 26 Ocean View St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/22/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan (Month) 20 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Jan 20, 1934

I last saw h[illegible] alive on Jan 20, 1934, death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Lobar Pneumonia	1/15

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) C. Dunham, M. D.

(Address) Winthrop Date 1/20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Jan 22 1934

22 NAME OF UNDERTAKER: Richard H. White

ADDRESS 147 Winthrop St

Received and filed ..... 19.....

JAN [illegible] 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 18

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 63 Park St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence E. Fay (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 63 Park St. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Robert W. Fay (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 23 Years 10 Months 25 Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Dec 21/33
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Pittsfield
(State or country) Maine

PARENTS:
13 NAME OF FATHER Levi B Seekins
14 BIRTHPLACE OF FATHER (City) Dexter
(State or country) Maine
15 MAIDEN NAME OF MOTHER Ellenor Freeman
16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

17 Informant Father
(Address) 63 Park St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 22 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Jan. 22, 1934
I last saw her alive on Jan. 22, 1934, death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Rheumatic Arthritis	Aug. 1933

Contributory causes of importance not related to principal cause:

Malignant Endocarditis	Jan. 17, 1934

Name of operation None Date of —
What test confirmed diagnosis? Autopsy. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St. Winthrop Date Jan 23, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary (Cemetery) Malden (City or town)
DATE OF BURIAL Jan. 25, 1934

22 NAME OF UNDERTAKER David J. Nelligan
ADDRESS Cambridge

Received and filed JAN 1934 19

A TRUE COPY, ATTEST: (Registrar)

100m-11-'30. No. 605-b

NOTE: PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Melrose (City or town making return)

Registered No. 19

1 PLACE OF DEATH: Middlesex (County) — Melrose (City or Town) — No. Melrose Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary H. Carstensen (MacNaughton) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Court Road St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 14 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Henry Carstensen (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 9 Months 16 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Newburyport (State or country) Mass.

PARENTS

13 NAME OF FATHER James MacNaughton

14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Mass.

15 MAIDEN NAME OF MOTHER Unable to Obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to Obtain

17 Informant Annie Carstensen (Address) Mass. Genl. Hospital, Boston

A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred)

DATE FILED Jan. 25, 1934 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 22, 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1924, 19, to Jan. 22/34, 19

I last saw her alive on Jan. 22/34, 19, death is said to have occurred on the date stated above, at 9:50 P. M.

The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Embolism (Date of onset)

Contributory causes of importance not related to principal cause: Arterio Sclerosis & Hypertention

Name of operation Cholecystotomy Date of 1/20/34

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. W. Layton M. D.

(Address) Boston, Mass. Date 1/22/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)

DATE OF BURIAL Jan. 25, 1934 19

22 NAME OF UNDERTAKER Frank E. Brown

ADDRESS E. Boston, Mass.

Received and filed [illegible] 1934 19

(Registrar of City or Town where deceased resided)

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 20

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 117 Highland Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret T. McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 117 Highland Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
10 Date deceased last worked at this occupation (month and year) Jan. 1911
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Joseph
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Healy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mi s McCarthy
(Address) 117 Highland Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 1/25/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 23 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 15, 1933 to January 23, 1934
I last saw h. alive on January 23, 1934, death is said to have occurred on the date stated above, at 1.50 P. m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset
Arterio Sclerosis
Myocarditis | Unknown

Contributory causes of importance not related to principal cause:
Chronic Interstitial Nephritis | Unknown

Name of operation Date of
What test confirmed diagnosis? Uremia & Hypertension Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Patrick Henry McCarthy, M. D.
(Address) 315 Harvard Cambridge Date January 2, 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Jan. 26 1934 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed JAN 29 1934 19
(Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 21

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 14 Mermaid Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna McCarlton Stanford (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 14 Mermaid Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Perley C. Stanford (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Mar 1933
11 Total time (years) spent in this occupation 28

12 BIRTHPLACE (City) (State or country) Scotland

PARENTS
13 NAME OF FATHER Patrick McCarlton
14 BIRTHPLACE OF FATHER (City) (State or country) Scotland
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Miss Stanford
(Address) 14 Mermaid Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Muldeson M.D.
(Signature of Agent of Board of Health or other)
Health Officer 1/25/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 24 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1 1933 to Jan 24 1934
I last saw h alive on Jan 23, 1934, death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset
Pulmonary tuberculosis
Cardiac

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Tomkonny, M. D.
(Address) Winthrop Date 1/25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan. 26 1934 19

22 NAME OF UNDERTAKER John H. O'Malley
ADDRESS Winthrop

Received and filed JAN 29 1934 19
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 22

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter J. Moran (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Irwin St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 29 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Amesbury (State or country)

PARENTS
13 NAME OF FATHER Peter J. Moran
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Mary Monahan
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Gertrude F. Smith, (Address) Hathorne

A TRUE COPY.
ATTEST: A. Preston Chase (Registrar of city or town where death occurred)
DATE FILED 2/5/34 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 26, 1934. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934, to Jan. 26, 1934
I last saw him alive on Jan. 26, 1934, death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

Bronchopneumonia primary 1/24/34

Contributory causes of importance not related to principal cause:

Chr. myocarditis. 1/1931
Exhaustion due to mental disease 1/11/34

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Solomon Gagnon, M. D.
(Address) Hathorne Date 2/2/34 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Amesbury (Cemetery) (City or town)
DATE OF BURIAL Jan. 29, 1934. 19

22 NAME OF UNDERTAKER Joseph O'Donnell
ADDRESS Amesbury

Received and filed FEB 6 1934 19
(Registrar of City or Town where deceased resided)

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

160m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town making return)

Registered No. 23

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 125 Main St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose G. Lavoie (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Main St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Lelice Lavoie (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 60 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10 Date deceased last worked at this occupation (month and year) Dec / 33
11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) Portland (State or country) Maine

PARENTS
13 NAME OF FATHER Bernard Murphy
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Matthews
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Marie Lavoie
(Address) 125 Main St, Winthrop,

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chalmers
(Signature of Agent of Board of Health or other)
Clerk
(Official Designation) (Date of Issue of Permit) 1/29/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 27 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 26, 1934, to Jan 27, 1934
I last saw h alive on Jan 27, 1934, death is said to have occurred on the date stated above, at 1.20 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic hepatitis	?

Contributory causes of importance not related to principal cause:

Arteriosclerosis	?

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bernard Sachs, M.D.
(Address) 1 Beacon St Date Jan 28 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Jan 30 1934

22 NAME OF UNDERTAKER Frederick H Tape
ADDRESS 146 Main St, Winthrop.

Received and filed JAN 29 1934 19
(Registrar)
A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 50

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Naval Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John McCarthy (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World 24

(a) Residence. No. 88 Main St., Ward, Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred - yrs. - mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years -- Months 14 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired navy
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10 Date deceased last worked at this occupation (month and year) 10/20/1922
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) --
(State or country) Ireland

PARENTS
13 NAME OF FATHER John McCarthy
14 BIRTHPLACE OF FATHER (City) --
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Johanna Mahoney
16 BIRTHPLACE OF MOTHER (City) --
(State or country) Ireland

17 Informant Mrs.John Leary
(Address) 88 Main st.Winthrop

A TRUE COPY.
ATTEST: Richard G. Boles
(Registrar of City or Town where death occurred)
DATE FILED Jan.28,1934 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan.27,1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/15/33 to Jan.27, 1934
I last saw him alive on 1/26/34, death is said to have occurred on the date stated above, at 2.30 m. a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Hemorrhage esophageal varices	2 dys.
Myocarditis chr.	1934
Cirrhosis liver hypertrophis	1930
Arteriosclerosis general	1928

Contributory causes of importance not related to principal cause:
--

Name of operation none Date of
What test confirmed diagnosis? clin.symptoms Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J.B.Helm,Comdr.(MC) USN M. D.
(Address) USN Hosp.Chelsea Date 1/27 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan.29,1934 19

22 NAME OF UNDERTAKER John F.O'Maley
ADDRESS Winthrop,Mass.

Received and filed FEB 5 1934 19
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 25

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop Mass; No. Winthrop Community Hospital, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pasquale Ferullo (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 71 Revere St., Ward, Winthrop Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 44 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Emilia Marotta (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Chiusano S. Domenico (State or country) Prov. Avellino - Italy

PARENTS

13 NAME OF FATHER Giuseppe Ferullo

14 BIRTHPLACE OF FATHER (City) Chiusano S. Domenico (State or country) Prov. Avellino - Italy

15 MAIDEN NAME OF MOTHER Carmela De Marco

16 BIRTHPLACE OF MOTHER (City) Chiusano S. Domenico (State or country) Prov. Avellino - Italy

17 Informant Emilia Ferullo - Italy (Address) Revere St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childs (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/29/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan - 28th - 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 9, 1934, to January 28, 1934

I last saw him alive on January 28, 1934, death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	~~1/24~~ 1/34
	1/9/34

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1933
Chronic Interstitial Nephritis	1933
Uremia	1/24/34

Name of operation none Date of —

What test confirmed diagnosis Clinical + Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Jacob Gleason M D, M. D.

(Address) 50 Shirley St Winthrop, Mass Date 1/28/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Jan - 31st - 1934

22 NAME OF UNDERTAKER Angelo Gasperini

ADDRESS 215 Fourth St. Boston

Received and filed JAN 29 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 26

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (McCowan) Blair { (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 32 Upland Rd St., Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of James M. Blair
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 71 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Jan. 1934
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) .....
(State or country) Scotland

PARENTS:
13 NAME OF FATHER Andrew McCowan
14 BIRTHPLACE OF FATHER (City) .....
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Jean Masterson
16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Scotland

17 Informant Evelyn B. Kinsman
(Address) Melrose Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Goldrey
(Signature of Agent of Board of Health or other)
Health Officer 1/30/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 28 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 27 1934, to Jan 28, 1934
I last saw h alive on Jan 28, 1934, death is said to have occurred on the date stated above, at 11-40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic Myocarditis	1931

Contributory causes of importance not related to principal cause:
Low grade infection of bladder, Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E W Byrne, M. D.
(Address) 10 Crescent A Date 1/29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan. 31, 1934

22 NAME OF UNDERTAKER Charles R. Bernison
ADDRESS Winthrop Mass

Received and filed FEB 5 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Westminster Notified 4/2/34

M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 27

1 PLACE OF DEATH: SUFFOLK (County); WINTHROP (City or Town)

No. Station Hosp. Ft. Banks, Mass. St., Surgical Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George William Maki
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. PO Box # 53, Westminster, Mass St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 days. How long in U. S., if of foreign birth? - yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ---------
(Give maiden name of wife in full)
(or) WIFE of ------
(Husband's name in full)

6 IF STILLBORN, enter that fact here. ----

7 AGE 17 Years 8 Months 9 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC

10 Date deceased last worked at this occupation (month and year) January 22, 1934

11 Total time (years) spent in this occupation 3/12

12 BIRTHPLACE (City) St. Louis City
(State or country) Minnesota

PARENTS

13 NAME OF FATHER John Maki

14 BIRTHPLACE OF FATHER (City)
(State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Mary Jacobsen

16 BIRTHPLACE OF MOTHER (City) Hancock
(State or country) Michigan

17 Informant Mother; Box #53, PO, Westminster, Mass.
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent — Feb. 1/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 22, 1934, to January 29, 1934

I last saw him alive on January 29, 1934, death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Appendicitis, acute, suppurative gangrenous	January 20, 1934
Peritonitis, acute, suppurative, generalized, severe	January 22, 1934
Toxemia, January 23,	1934

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of Jan. 23, 1934

What test confirmed diagnosis? Blood count Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ALBERT W. KEMPER, Major MC, M. D.

(Address) Fort Banks, Mass. Date Jan 29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodside (Cemetery) Westminster (City or town) Mass.

DATE OF BURIAL Feb 2nd 1934

22 NAME OF UNDERTAKER Charles P. Bennison

ADDRESS Winthrop Mass.

Received and filed FEB 2 1934 19

A TRUE COPY, ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

IV. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 28

1 PLACE OF DEATH — Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter LaFayette (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. II Hale Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ellen Norton LaFayette (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10 Date deceased last worked at this occupation (month and year) Jan 1934

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) So. Starksboro (State or country) Vermont

PARENTS

13 NAME OF FATHER Peter

14 BIRTHPLACE OF FATHER (City) (State or country) Canada

15 MAIDEN NAME OF MOTHER Areler Sherboro

16 BIRTHPLACE OF MOTHER (City) (State or country) Canada

17 Informant Joseph LaFayette (Address) II Hale Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/30/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 18, 1933, to January 29, 1934

I last saw him alive on January 29, 1934, death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of Stomach	1932

Contributory causes of importance not related to principal cause:

General carcinomatosis	1933

Name of operation none Date of —

What test confirmed diagnosis Clinical & Lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abrams, M. D.

(Address) 562 Shirley St. Winthrop Mass Date Jan 29/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Hill (Cemetery) Plymouth (City or town)

DATE OF BURIAL Jan 31 1934

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed 19

A TRUE COPY, ATTEST: FEB 2 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 1029

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Children's Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

29

2 FULL NAME Hresula Boujoukos (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 74 Loust St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months 11 Days; If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER George T Boujoukos
14 BIRTHPLACE OF FATHER (City)
(State or country) Greece
15 MAIDEN NAME OF MOTHER Ester Papoulas
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Arthur Boujoukos
(Address)

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)

DATE FILED Feb 2 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934 to Jan 29, 1934
I last saw her alive on Jan 29, 1934, death is said to have occurred on the date stated above, at 9.05 P M

The principal cause of death and related causes of importance in order of onset were as follows:

	Dates of onset
meningocele (lumbar) with hydrocephalus	1/18/34
congenital heart disease	1/15/34

Contributory causes of importance not related to principal cause:

acute intestinal disturbance	1/25/34

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) N B Rew, M. D.
(Address) Boston Date 1/29/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan 31 1934

22 NAME OF UNDERTAKER C N Bennison
ADDRESS Winthrop

Received and filed FEB 2 1934
(Registrar of City or Town where deceased resided)

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 76

1 PLACE OF DEATH: Middlesex (County); Cambridge (City or Town); No. Cambridge Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Gaffney (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 30

(a) Residence. No. 50 Hutchinson St., Ward, Winthrop (If in hospital give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. 4 COLOR OR RACE: W. 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years — Months — Days; If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beauty Shop
10 Date deceased last worked at this occupation (month and year) Dec 1, 1933
11 Total time (years) spent in this occupation 25 yrs

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS
13 NAME OF FATHER Andrew Gaffney
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.
15 MAIDEN NAME OF MOTHER ------- Driscoll
16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned

17 Informant Mrs Campbell (Address) 50 Hutchinson St.

A TRUE COPY. Frederick H. Burke
ATTEST: (Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 18 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 18, 1934
I last saw her alive on Jan 17, 1934, death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Acute Dilatation heart	1hr
Chr. Myocarditis	?yrs

Contributory causes of importance not related to principal cause:

Arterio Sclerosis	yrs
Chr. Arthritis	? 3 mo.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) , M. D.
(Address) H. L. Seavey 1879 Mass. Ave. Date 1/18 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Hood Cem. (Cemetery) Brookline (City or Town)
DATE OF BURIAL Jan. 20, 1934 19

22 NAME OF UNDERTAKER John F. O'Haley
ADDRESS Winthrop

Received and filed Jan 20, 1934 19
MAR 7 1934
(Registrar of City or Town where deceased resided)

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 294 Bowdoin St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Ruttle
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 294 Bowdoin St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mary Frank
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 88 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Green house
10 Date deceased last worked at this occupation (month and year) Jan. 1934
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER Christopher Ruttle
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Sarah Dalmage
16 BIRTHPLACE OF MOTHER (City)
(State or country) France

17 Informant Henrietta E. Tewksbury
(Address) 294 Bowdoin St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Culduff
(Signature of Agent of Board of Health or other)
Health Officer 2/2/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 1 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Feb 1, 1934
I last saw him alive on Feb 1, 1934, death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocarditis	Feb 1923
Contributory causes of importance not related to principal cause:	
Chronic Interstitial Nephritis	Feb 1923

Name of operation None Date of
What test confirmed diagnosis? Personal Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Feb 2 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL February 4 1934

22 NAME OF UNDERTAKER Charles P. Dennison
ADDRESS Winthrop

Received and filed FEB 3 1934 19
(Registrar)

PLEASE PRINT, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 53

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Marine Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl T.Olofson (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 32

(a) Residence. No. 108 Brookfield Rd. St., Ward, Winthrop,Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred - yrs. - mos. days. How long in U. S., if of foreign birth? - yrs. - mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Tekla Andersen (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years -- Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS.Dartmouth
10 Date deceased last worked at this occupation (month and year) -
11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) Gothaburg
(State or country) Sweden

PARENTS
13 NAME OF FATHER Olaf Olofson
14 BIRTHPLACE OF FATHER (City) Gothenburg
(State or country) Sweden
15 MAIDEN NAME OF MOTHER Justina Jacobsen
16 BIRTHPLACE OF MOTHER (City) Gothenburg
(State or country) Sweden

17 Informant U.S.Marine Hospital records
(Address)

A TRUE COPY, Richard G. Hobel
ATTEST:
(Registrar of City or Town where death occurred)
City Clerk
DATE FILED Feb.1,1934 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb.1,1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov.13 1933 to Feb.1 1934
I last saw him alive on Feb.1 1934, death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Carcinoma of prostate with metastasis --	

Contributory causes of importance not related to principal cause:
--

Name of operation none Date of
What test confirmed diagnosis? - Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? --
If so, specify
(Signed) Waldemar J.A.Wickman
(Address) U.S.Marine Hosp. Date 2/1/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
DATE OF BURIAL Feb.3,1934 19

22 NAME OF UNDERTAKER Chas.R.Bennison
ADDRESS Winthrop,Mass.

Received and filed FEB 5 1934 19
(Registrar of City or Town where deceased resided)

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 33

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 1 Shirley Park St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred Nowell (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 1 Shirley Park St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 10 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of Martha (Unknown) (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 1931

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Benton (State or country) Maine.

PARENTS

13 NAME OF FATHER Edward Nowell

14 BIRTHPLACE OF FATHER (City) North Vasselboro (State or country) Maine.

15 MAIDEN NAME OF MOTHER Adeline Preble

16 BIRTHPLACE OF MOTHER (City) unable to obtain (State or country) " " "

17 Informant George E. Nowell. (Address) 1 Shirley Park. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/6/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 3 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from never, 19, to, 19

I last saw him alive on, 19, death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural Causes. Probably	
Angina Pectoris.	Jan 13 1934.

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Board of Health Date Feb 3 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 2/6/34 19

22 NAME OF UNDERTAKER Chas R. Bowman

ADDRESS Winthrop Mass

Received and filed FEB 23 1934 19

(Registrar)

100m-9-'33. No. 9321-a

NOTE.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

2M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) Boston

Registered No. 1283

1 PLACE OF DEATH
(County) [illegible]
(City or Town) [illegible]
No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Paloian
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 34

(a) Residence. No. 30 Bowdoin St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of unknown
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town Winthrop
10 Date deceased last worked at this occupation (month and year) Dec 1933
11 Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City)
(State or country) Turkey

PARENTS
13 NAME OF FATHER Garabed Paloian
14 BIRTHPLACE OF FATHER (City)
(State or country) Turkey
15 MAIDEN NAME OF MOTHER Surtine -
16 BIRTHPLACE OF MOTHER (City)
(State or country) Turkey

17 Informant Charles Boyajian
(Address) Chelsea

A TRUE COPY.
ATTEST: Helen Frederickson Davis
(Registrar of city or town where death occurred)

DATE FILED Feb 9 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 4 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 4, 1934
I last saw him alive on Feb 4, 1934, death is said to have occurred on the date stated above, at 3.26P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
carcinoma of liver, primary	4 mos

Contributory causes of importance not related to principal cause:

broncho pneumonia	7 dys

Name of operation Date of
What test confirmed diagnosis? anatomical Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. V. Ragsdale, M. D.
(Address) Boston Date 2/5/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Feb 7 1934

22 NAME OF UNDERTAKER John Johnson
ADDRESS Cambridge

Received and filed MAR 7 1934
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 35

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Skelding Clark (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Cliff ave Winthrop Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of Lillian Skelding Clark (Give maiden name of wife in full) (or) WIFE of Burton Skelding (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 43 Years 7 Months 9 Days; If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10 Date deceased last worked at this occupation (month and year) 2/3/34

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) New York (State or country) N.Y.

PARENTS

13 NAME OF FATHER unable to obtain

14 BIRTHPLACE OF FATHER (City) " " " (State or country) " " "

15 MAIDEN NAME OF MOTHER " " "

16 BIRTHPLACE OF MOTHER (City) " " " (State or country) " " "

17 Informant Kendall Clark (Son) (Address) 63 Brook St. Williston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. E. Chellness (Signature of Agent of Board of Health or other)

H.O. (Official Designation) Feb. 10/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 6 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 3 1934, to Feb 6 1934, I last saw h. alive on Feb 6 1934, death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Lobar Pneumonia	Feb 3d

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. W. Brown, M. D.
(Address) 20 Crescent Ave Revere Date 2/7 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope (Cemetery) Worcester (City or town) Mass
DATE OF BURIAL 2/12 34 19

22 NAME OF UNDERTAKER C. R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 2 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop; No. 170 Cliff Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary Helen Wilder (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, Specify WAR): None

(a) Residence. No. 170 Cliff Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 87 Years 1 Months 16 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10 Date deceased last worked at this occupation (month and year): 1927

11 Total time (years) spent in this occupation: 60

12 BIRTHPLACE (City): Boston (State or country): Mass.

PARENTS

13 NAME OF FATHER: James Humphrey Wilder

14 BIRTHPLACE OF FATHER (City): Boston (State or country): Mass.

15 MAIDEN NAME OF MOTHER: Elizabeth Margaret Parsons

16 BIRTHPLACE OF MOTHER (City): Boston (State or country): Mass.

17 Informant: Miss Margaret Bellamy (Address) 170 Cliff Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/8/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb (Month) 8 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 23, 1934, to Feb 8, 1934

I last saw her alive on Feb 7, 1934, death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Uterus	July 1933
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1924
Chronic Myocarditis	1924

Name of operation: None Date of
What test confirmed diagnosis: Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass. Date Feb 8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery (Cemetery) (City or town)
DATE OF BURIAL Feb. 10 1934 19

22 NAME OF UNDERTAKER: J. S. Waterman & Sons
ADDRESS 497 Commonwealth Ave Boston

Received and filed FEB 23 1934 19
(Registrar)

100m-9-'33. No. 9321-a

INSTRUCTIONS: PRINT, WITH STANDING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Reading Sat Times 3/15/34

RM R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 37

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. Winthrop Community Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas L. Di Marchi (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 351 Main St., Ward, Reading, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of Rose Viveiros (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 54 Years — Months — Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Market proprietor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10 Date deceased last worked at this occupation (month and year) Dec 1927
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS
13 NAME OF FATHER Francesco Di Marchi
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Maria Botto
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Frank Di Marchi
(Address) 35 Leyden St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. L. Childress
(Signature of Agent of Board of Health or other)

H. D. 1123 Feb 10 /34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 9 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to Feb 9, 1934, I last saw him alive on Feb 8, 1934, death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Pulmonary tuberculosis 2/9

Contributory causes of importance not related to principal cause:
Gall-stones (cholecystectomy) 2 years
Glycosuria.

Name of operation Cholecystectomy Date of Jan 17-1934
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ernest L. Both, M. D.
(Address) 50 Bennington St. Date 2/9 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)
DATE OF BURIAL Feb 11, 1934

22 NAME OF UNDERTAKER Michael J. Porcella
ADDRESS 10 No. Bennett St. Boston

FEB 23 1934
Received and filed 19
(Registrar)

75m-5-'32. No. 5469

NOTE—PRINTING, NAME AND WRITING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'30. No. 7997-b.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 38

1 PLACE OF DEATH: Suffolk (County); Roxbury (City or Town); No. 614 Shawmut Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Drake Rice (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 614 Shawmut Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of Esther Roberts (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 6 Months 21 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Last Repairer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plants Shoe Factory Boston, Mass.

10 Date deceased last worked at this occupation (month and year) 1929

11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Cambridge, Mass. (State or country)

PARENTS

13 NAME OF FATHER Charles Albert Rice

14 BIRTHPLACE OF FATHER (City) Weston, Mass. (State or country)

15 MAIDEN NAME OF MOTHER Sarah A. Sanders

16 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

17 Informant Mrs. Alberta Rice Whichelow
(Address) 7 Averton St. Roslindale, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Chadwick
(Signature of Agent of Board of Health or other)

Health Officer 2/11/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb — 10 — 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Cerebral hemorrhage
Hypertension
Chronic nephritis

(See reverse side for description for unknown person)

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? —
Date of injury 19

Where did injury occur? (City or town and State)

Manner of Injury

Nature of Injury

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) , M. D.
(Address) Date 11 19

22 PLACE OF BURIAL, CREMATION OR REMOVAL Edgell Grove Cem. (Cemetery) Framingham, Mass. (City or town)
DATE OF BURIAL Feb. 13, 1934. 19

23 NAME OF UNDERTAKER J. Waterman & Sons, Inc.
ADDRESS Boston, Mass.

Received and filed FEB 23 1934 19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

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.....

.....

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.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 39

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Harding Mayo
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 288 Pleasant St., Ward,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Samuel H Mayo
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 7 Months 23 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Chatham
(State or country) Mass

PARENTS
13 NAME OF FATHER Archloes Harding
14 BIRTHPLACE OF FATHER (City) Chatham
(State or country) Mass
15 MAIDEN NAME OF MOTHER Aurelia Eldredge
16 BIRTHPLACE OF MOTHER (City) Chatham
(State or country) Mass

17 Informant S H Mayo (Husband)
(Address) 288 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
H.O.
(Official Designation)
Feb 15 34
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 11 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to Feb 11, 1934.
I last saw her alive on Feb 10, 1934, death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	Feb 6 1934

Contributory causes of importance not related to principal cause:

Previous Cerebral Hemorrhage	July 6 1933
Arteriosclerosis	July 6 1933
Hypertension	July 6 1933

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Feb 13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Feb 13 1934

22 NAME OF UNDERTAKER Richard H White
ADDRESS 147 Winthrop St Winthrop

Received and filed FEB 2 1934 19
(Registrar)
A TRUE COPY, ATTEST:

100m-11-'30. No. 605-b

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1538

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Mass General Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Generoso Ciampa (If U. S. War Veteran, specify WAR) 40
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 160 Hermon St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of Antonetta Rappa
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. brick mason
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1910
11 Total time (years) spent in this occupation 60 yrs

12 BIRTHPLACE (City)
(State or country) Italy

PARENTS
13 NAME OF FATHER Fearotina Ciampa
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Theresa -
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant N Ciampa
(Address)

A TRUE COPY.
ATTEST: Hilda Hedstrom Quirk
(Registrar of city or town where death occurred)

DATE FILED Feb 16 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 8 19 34, to Feb 11, 19 34
I last saw him alive on Feb 11, 19 34, death is said to have occurred on the date stated above, at 4.45P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
broncho pneumonia	9 days

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L V Ragsdale, M. D.
(Address) Boston Date 2/12/19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Feb 14 19 34

22 NAME OF UNDERTAKER F A Magrath
ADDRESS Boston

Received and filed MAR 7 1934 19
(Registrar of City or Town where deceased resided)

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 59 Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Elizabeth (Connellan) Cash (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 59 Winthrop St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Alvin B. Cash (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10 Date deceased last worked at this occupation (month and year) Feb 9 1934
11 Total time (years) spent in this occupation 15 yr.

12 BIRTHPLACE (City) New York (State or country) N.Y.

PARENTS
13 NAME OF FATHER Joseph St.
14 BIRTHPLACE OF FATHER (City) Dublin (State or country) Ireland
15 MAIDEN NAME OF MOTHER Cecelia (unknown)
16 BIRTHPLACE OF MOTHER (City) Dublin (State or country) Ireland

17 Informant Alvin B Cash (Address) 59 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)
Clerk of Officer (Official Designation) 2/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 14 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1934, to Feb. 14, 1934
I last saw he alive on Feb. 9, 1934, death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Lobar Pneumonia	Feb 8, 1934.

Contributory causes of importance not related to principal cause:
none

Name of operation none Date of —
What test confirmed diagnosis Clinical Signs Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. J. Barry M. D. M. D.
(Address) 5 Washington Cove Date Feb 16 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
DATE OF BURIAL Feb 17 1934

22 NAME OF UNDERTAKER Maurice Kirby
ADDRESS Winthrop Mass

Received and filed FEB 23 1934 19
(Registrar)

100m-9-'33. No. 9321-a

M R-301 A — WRITE LEGIBLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1660

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town); No. St Elizabeth's Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

42

2 FULL NAME James Cleary (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 22 Willow Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid

5a If married, widowed, or divorced HUSBAND of Catherine Stevens (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mason
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1/11/34
11 Total time (years) spent in this occupation 44 yrs

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER James Cleary
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER -
16 BIRTHPLACE OF MOTHER (City) (State or country) -

17 Informant James Cleary
(Address) Boston

A TRUE COPY. ATTEST: Hilda Hedstrom Dirks
(Registrar of city or town where death occurred)
DATE FILED Feb 20 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 15 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934
I last saw h alive on Feb 15, 1934, death is said to have occurred on the date stated above, at 6.30A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
auricular fibrillation	1930
arterio sclerotic heart disease	1925

Contributory causes of importance not related to principal cause:

Transurethral Resection	2/14/34

Name of operation trans resection Date of 2/14/34
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H R Berman M. D.
(Address) Boston Date 2/15/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Feb 17 1934

22 NAME OF UNDERTAKER J F O'Brien
ADDRESS Boston

Received and filed MAR 7 1934 19
(Registrar of City or Town where deceased resided)

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

Boston Institution 3/15/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 43

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop; No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Flammia (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 324 Chelsea St East Boston St., Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 13 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10 Date deceased last worked at this occupation (month and year):
11 Total time (years) spent in this occupation:

12 BIRTHPLACE (City) East Boston Mass
(State or country)

PARENTS
13 NAME OF FATHER Alberigo Flammia
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Maria Sidinolfi
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Alberigo Flammia Father
(Address) 324 Chelsea St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Andresen
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/18/34
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. - 10 - 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Compound Comminuted fracture of skull: laceration of brain
Said boy had been injured
while playing in
Putnam St East Boston
Presumably accidental

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? E. Boston
(Signed) [illegible], M. D.
(Address) Boston Date Feb 7 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael Cem Boston
(Cemetery) (City or town)
DATE OF BURIAL Feb 14 1934

22 NAME OF UNDERTAKER Jos. A. Langone Co
ADDRESS 170 North St Boston

Received and filed FEB 23 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 44

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 320 Winthrop St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rev. James Albert Crowley
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 320 Winthrop St. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Catholic Church
10 Date deceased last worked at this occupation (month and year) Jan 28 1934
11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Concord
(State or country) Mass

PARENTS
13 NAME OF FATHER Michael Crowley
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Johanna Dugan
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Charles E. Crowley
(Address) Maynard Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guldress
(Signature of Agent of Board of Health or other)
Health Officer 2/20/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 18 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1932, to Feb. 18, 1934
I last saw him alive on February 18, 1934, death is said to have occurred on the date stated above, at 3.00 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Duodenal Ulcer.	1932.

Contributory causes of importance not related to principal cause:

Acute Dilatation of Heart	Feb. 18. 1934

Name of operation Date of
What test confirmed diagnosis? X ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Traugeli M. D.
(Address) 476 Shirley St. Date Feb. 18, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Bridgets Maynard
(Cemetery) (City or town)
DATE OF BURIAL Feb. 21 1934 19

22 NAME OF UNDERTAKER John H. O'Malley
ADDRESS Winthrop

Received and filed FEB 23 1934 19
(Registrar)

A TRUE COPY, ATTEST:

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

1 R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 45

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 178 Circuit Rd., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Eben Hodgdon (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Prescott Street St., Ward, (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Minnie Oliver Hodgdon (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 4 Months 3 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marketman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Feb. 1934

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Saco Me.

PARENTS

13 NAME OF FATHER Hiram Hodgdon

14 BIRTHPLACE OF FATHER (City) (State or country) Saco Me.

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) (State or country) Me.

17 Informant Son Mr. Raymond Hodgdon (Address) 4 Prescott St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/23/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I ~~last~~ saw him alive on ....., 19....., death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Natural Causes Probably	
Angina Pectoris	Feb 20, 1934

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Fairbanks, M. D.

(Address) Winthrop Board of Health Date Feb 23 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Feb. 24, 1934. 19

22 NAME OF UNDERTAKER R. H. White

ADDRESS 147 Winthrop St. Winthrop

Received and filed FEB 2 1934 19

A TRUE COPY, ATTEST: (Registrar)

100m-11-'30. No. 605-b

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 12 Almont St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Adelaide Belcher Fredericks (If deceased is a married, widowed or divorced woman give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 12 Almont St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 16 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of C. Herbert Fredericks (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 40 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10 Date deceased last worked at this occupation (month and year) 2/20

11 Total time (years) spent in this occupation 19

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Frank. N. Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass

15 MAIDEN NAME OF MOTHER Alice E. Cunningham

16 BIRTHPLACE OF MOTHER (City) Slick Slow Springs (State or country) Maine

17 Informant C Herbert Fredericks (Address) 12 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Will D. Childs (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/23/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I ~~last~~ never saw h. ~~m.~~ alive on ....., 19....., death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural Causes, Probably	
Acute Myo Condition	Feb 21 1934
Contributory causes of importance not related to principal cause:	
Chronic Myo Condition	1925

Name of operation None Date of

What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Board of Health Date Feb 22 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Sunday Feb 25 1934

22 NAME OF UNDERTAKER C R Parmenter

ADDRESS Winthrop Mass

FEB 23 1934

Received and filed ..... 19.....

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 47

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Arms Hotel St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
30 Grover ave.

2 FULL NAME Ida Leadore Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.) Farrington
{ (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. Winthrop Arms Hotel St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of William H. Harrington
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 70 Years — Months 20 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - maker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) .....
11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) unknown
(State or country) New Hampshire

PARENTS
13 NAME OF FATHER William Colbath
14 BIRTHPLACE OF FATHER (City) unknown
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City) unknown
(State or country) New Hampshire

17 Informant Mrs. Florence A. Boucher
(Address) Winthrop Arms Hotel Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mrs. L. Phillips
(Signature of Agent of Board of Health or other)
Health Officer 2/26/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 26 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 16 1934, to Feb. 26, 19..
I last saw her alive on Feb 26, 1934, death is said to have occurred on the date stated above, at 8 Am m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset

Ceberal Haemmorage — 6 days

Contributory causes of importance not related to principal cause:

Diabetes Mellitus — 7 years

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Harry C. Pulsley, M. D.
(Address) Winthrop Date 2/26 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Crematory Boston
(Cemetery) (City or town)
DATE OF BURIAL March 1, 1934 19..

22 NAME OF UNDERTAKER W. Waterman Dow Inc
ADDRESS Boston, Mass

FEB 23 1934
Received and filed ..... 19..

A TRUE COPY, ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 48

Registered No.

1 PLACE OF DEATH (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Allen Newmarch (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Chester Av. St., Ward, (If nonresident, give city or town and state) (Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. days. How long in U. S., if of foreign birth? Life yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced, HUSBAND of Adelaide Southworth (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 66 Years 8 Months 0 Days | If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Screen Manuf'turer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Aug./33

11 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) Cambridge (State or country) Mass.

PARENTS

13 NAME OF FATHER Joseph Newmarch

14 BIRTHPLACE OF FATHER (City) Newburyport (State or country) Mass.

15 MAIDEN NAME OF MOTHER Marion Nurse

16 BIRTHPLACE OF MOTHER (City) Newburyport (State or country) Mass.

17 Informant Mrs. Adelaide Newmarch (Address) 25 Chester Av., Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Hildreth (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/28/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 26 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to 2/26, 1934

I last saw h. alive on 2/25, 1934, death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Edema of Lungs	2 days

Contributory causes of importance not related to principal cause:

Chronic Nephritis
Hypertrophy of Heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harvey [illegible], M. D.

(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge- Cambridge (Cemetery) (City or town)

DATE OF BURIAL February 28, 1934

22 NAME OF UNDERTAKER Charles A. Rollins F.E.D.

ADDRESS 300 Meridian St., E. Boston, Mass

Received and filed MAR 3 1934 19

A TRUE COPY, ATTEST: (Registrar)

100m-9-'31. No. 3385-f

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Examplo

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Ayer mistake 3/10/34

2M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 49

1 PLACE OF DEATH: SUFFOLK (County); WINTHROP (City or Town); No. Station Hosp. Ft. Banks, Mass. St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD T. JOHNSON (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Fort Devens, Mass. St., ... Ward, ... (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Unknown (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 31 Years ..... Months ..... Days; If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staff Sergeant, US Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10 Date deceased last worked at this occupation (month and year) February 24 1934
11 Total time (years) spent in this occupation 4

12 BIRTHPLACE (City) ..... (State or country) Massachusetts.

PARENTS:
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) .....

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/28/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 27 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 24, 1934, to February 27, 1934
I last saw him alive on February 27, 1934, death is said to have occurred on the date stated above, at 11:30Am.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Appendicitis, acute, catarrhal	2-23-34
Peritonitis, generalized, severe	2-26-34
Paralyticus, ileus	2-27-34

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of Feb. 24, 34
What test confirmed diagnosis? MBC Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) ALBERT W. KEHLER, Major, (MC) M. D.
(Address) Fort Banks, Mass. Date Feb 27 1934

21 PLACE OF ~~BURIAL, CREMATION OR~~ REMOVAL Lowell (Cemetery) Mass (City or town)
DATE OF BURIAL 3/2/34 19

22 NAME OF UNDERTAKER C R Bennett
ADDRESS Winchester Mass

Received and filed MAR 5 1934 19

A TRUE COPY, ATTEST: (Registrar)

100m-9-'31. No. 3385-f

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

1 R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

50

Registered No.

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 184 Somerset ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet Carolini (McNeill) Brown (If deceased is a married, widowed or divorced woman give also maiden name.) (If a War Veteran, specify WAR)

(a) Residence. No. 184 Somerset St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Warren E. Brown (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 91 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 2/18/34

11 Total time (years) spent in this occupation 91

12 BIRTHPLACE (City) Deer Isle (State or country) N. B.

PARENTS

13 NAME OF FATHER Edward. McNeill

14 BIRTHPLACE OF FATHER (City) Deer Isle (State or country) N. B.

15 MAIDEN NAME OF MOTHER Annette Oblan

16 BIRTHPLACE OF MOTHER (City) " " " (State or country) " " "

17 Informant Harriet Godfrey (Lafayette) (Address) 184 Somerset ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Caldwell (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/2/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 (Month) 28 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1933, to 2 28, 1934, I last saw h. alive on 3 2 2, 1934, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Uremia 2° to Pelvic Kidney	1 wk

Contributory causes of importance not related to principal cause:

Chronic Nephritis	—

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 3/7/34 Lab. 8 Mass

22 NAME OF UNDERTAKER C. R. Brown
ADDRESS Winthrop Mass

Received and filed MAR 8 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town making return)

Registered No. 61

1 PLACE OF DEATH
Middlesex (County)
Tewksbury (City or Town)
No. State Infirmary St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number) 51

2 FULL NAME James E. Mathewson (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 10 mos. 28 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Not learned) Milliken
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 1 Months 23 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1926
11 Total time (years) spent in this occupation 40 yrs.

12 BIRTHPLACE (City) Fall River
(State or country) Mass.

PARENTS
13 NAME OF FATHER Albert Mathewson
14 BIRTHPLACE OF FATHER (City) Warwick
(State or country) Rhode Island
15 MAIDEN NAME OF MOTHER (Not learned) Robertson
16 BIRTHPLACE OF MOTHER (City) Fall River
(State or country) Mass.

17 Informant Hospital Records
(Address)

A TRUE COPY.
ATTEST: John H. Nichols Supt
(Registrar of city or town where death occurred)
DATE FILED February 9 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 8 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 10 1930, to February 8, 1934
I last saw him alive on February 8, 1934, death is said to have occurred on the date stated above, at 11.25AM

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Chronic Nephritis + Yrs.

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Phy. Exam. Urinary Findings Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ralph Heifetz, M. D.
(Address) State Infirmary Date 2/8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass.
(Cemetery) (City or town)
DATE OF BURIAL February 11 1934

22 NAME OF UNDERTAKER Richard C. Kirby, Inc.
ADDRESS 15 Bennington St. E. Boston

Received and filed February 8 1934
APR 5 1934
(Registrar of City or Town where deceased resided)

50m-2-'30. No. 7907.

... Please print clearly, with ink, and avoid abbreviations. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2201

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Boston Floating Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Divita
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 52

(a) Residence. No. 88 Locust St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): -

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months 23 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Frank DiVita
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Vita Lamparona
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Father
(Address)

A TRUE COPY. ATTEST: Hilda Hedstrom Burke
(Registrar of city or town where death occurred)
DATE FILED March 6 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 3 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to March 3, 1934
I last saw him alive on March 3, 1934, death is said to have occurred on the date stated above, at 6.40A m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

?cerebral hemorrhage — at birth
2/8/34

Contributory causes of importance not related to principal cause:
bullous impetigo 2/12/34

Name of operation Date of
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M Chafetz, M. D.
(Address) Boston Date 3/3/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL March 4 1934

22 NAME OF UNDERTAKER A Jannini
ADDRESS Boston

Received and filed 1934
APR 7 1934
(Registrar of City or Town where deceased resided)

50m-2-'30. No. 7997-1

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 R-301A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No.

1 PLACE OF DEATH: SUFFOLK (County) — WINTHROP (City or Town)

No. 184 SOMERSET AVE. WINTHROP St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE W. BRANCH (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 53

(a) Residence. No. 184 SOMERSET AVE. WINTHROP Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? 75 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of MARGARET L. VAHEY (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 6 Months 26 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10 Date deceased last worked at this occupation (month and year) 1922

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) ENGLAND

PARENTS

13 NAME OF FATHER THOMAS W. BRANCH

14 BIRTHPLACE OF FATHER (City) (State or country) ENGLAND

15 MAIDEN NAME OF MOTHER ELIZABETH DUEST

16 BIRTHPLACE OF MOTHER (City) (State or country) ENGLAND

17 Informant MRS. MARGARET L. BRANCH
(Address) 184 SOMERSET AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Guldrey
(Signature of Agent of Board of Health or other)

Health Officer 3/5/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 4 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 19 1934 to Mar 2 1934

I last saw him alive on Mar 2 1934 death is said to have occurred on the date stated above, at 2:15 A.M. Mar 4, 1934

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	5 yrs
Cerebral hemorrhage	2 days

Contributory causes of importance not related to principal cause:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred L. Graves, M. D.

(Address) 562 Shirley St. Date Mar 5, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop tomb. Winthrop (Cemetery) (City or town)

DATE OF BURIAL Mar. 6 1934

22 NAME OF UNDERTAKER Hollis M. Partridge

ADDRESS 232 HUNTINGTON AVE. BOSTON

Received and filed 19

(Registrar)

75m-2-'30. No. 7997-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 54

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

2 FULL NAME Baby Callahan (If deceased is a married, widowed or divorced woman, give also maiden name) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 176 Highland Ave. Ward Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE — Years — Months 5 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS
13 NAME OF FATHER
14 BIRTHPLACE OF FATHER (City) (State or country)
15 MAIDEN NAME OF MOTHER Christina Callahan
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant Hospital Records (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chisholm (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/6/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 5 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 5, 1934
I last saw him alive on March 5, 1934; death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Prematurity	5 days.

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Physical exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. M. Bluff, M. D.
(Address) 37 Princeton St. E. Boston Date 3/6/ 1934

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ St. Michael (Cemetery) Boston (City or town)
DATE OF BURIAL March 8 1934

22 NAME OF UNDERTAKER Frederick A. Magladry
ADDRESS East Boston

Received and filed MAR 8 1934 19
(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. PHYSICIANS should state

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 55

1 PLACE OF DEATH: (County) [illegible]; (City or Town) Lynn; No. 10 Lewis Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Sophie (Swanburg) McLeod (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 10 Lewis ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Robert Lambert McLeod (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 2 Months 2 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Mar. 1934

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Shelburne (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER George Swanburg

14 BIRTHPLACE OF FATHER (City) Shelburne (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Margerite McKay

16 BIRTHPLACE OF MOTHER (City) Shelburne (State or country) Nova Scotia

17 Informant Robert T. McLeod (Address) 10 Lewis Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Guldberg (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/12/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 10 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I ~~attended~~ saw deceased from never, 19, to, 19

I last saw her alive on, 19, death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural Causes Probably	
Coronary Thrombosis	Mar 10 1934

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	1921
Arterio sclerosis	1921
Hypertension	1921

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Board of Health Date Mar 11 19 34.

21 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] (Cemetery) [illegible] (City or town)

DATE OF BURIAL [illegible] 19 34

22 NAME OF UNDERTAKER [illegible]

ADDRESS [illegible]

Received and filed MAR 19 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

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N. B.—WRITE PLAINLY. USE INDELIBLE INK. DO NOT USE PENCIL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 105 Ocean View St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Hannah Edwards Roberts (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 105 Ocean View St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hugh W. Roberts (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 11 Months 25 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 2/26/34

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Liverpool
(State or country) Eng

PARENTS

13 NAME OF FATHER David J. Edwards

14 BIRTHPLACE OF FATHER (City) Cumberland
(State or country) Maryland.

15 MAIDEN NAME OF MOTHER Jane Barker

16 BIRTHPLACE OF MOTHER (City) Tarven (Chester Co.)
(State or country) England.

17 Informant Chas. A. Roberts
(Address) 105 Ocean View St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. A. Childs
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) March 14, 1934 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 11, 1934

I last saw h. alive on March 11, 1934, death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina pectoris	Feb 27 1934

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1930.
Chronic myocarditis	1933

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date Mar 13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Mar 14 1934

22 NAME OF UNDERTAKER Chas. R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
MAR 19 1934 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Melrose
(City or town making return)

Registered No. 57

1 PLACE OF DEATH
Middlesex (County)
Melrose (City or Town)
No. Melrose Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Leary
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 47 Centre St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Melrose
(State or country) Mass.

PARENTS
13 NAME OF FATHER Frederick J. Leary
14 BIRTHPLACE OF FATHER (City) Point Comfort
(State or country) Virginia
15 MAIDEN NAME OF MOTHER Agnes R. Kirby
16 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass.

17 Informant F. J. Leary
(Address) 47 Centre St., Winthrop

A TRUE COPY. [signature]
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED March 13, 1934 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 12, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 12, 1934
I last saw him alive on March 12, 1934, death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Stillborn 5 month Premature

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. W. Layton, M. D.
(Address) Boston, Mass. Date 3/12 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL March 14, 1934 19

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed MAR 1 1934 19
(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2587

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Palmer Memorial Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Grishaver (If U. S. War Veteran, specify WAR) 58
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9 Trident Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Israel Grishaver
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) Sept 1933
11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Jacob Cornell
14 BIRTHPLACE OF FATHER (City)
(State or country) Holland
15 MAIDEN NAME OF MOTHER Julia -
16 BIRTHPLACE OF MOTHER (City)
(State or country) Holland

17 Informant Morris Grishaver
(Address)

A TRUE COPY.
ATTEST: Hilda Sedstrom Quirk
(Registrar of city or town where death occurred)
DATE FILED March 15 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 12 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to March 12, 1934
I last saw her alive on March 12, 1934, death is said to have occurred on the date stated above, at 3.45Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Dates of onset
carcinoma of tongue	July 1933

Contributory causes of importance not related to principal cause:

Name of operation implantation of radium 9/18/33
What test confirmed diagnosis? biopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C C Lund, M. D.
(Address) Boston Date 3/12/ 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Netherland SocMelrose
(Cemetery) (City or town)
DATE OF BURIAL March 14 19 34

22 NAME OF UNDERTAKER B Schlossberg
ADDRESS Dorchester

Received and filed 19
APR 7 1934
(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. .....

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. 23 Elmwood Av., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Hannaford (If U. S. War Veteran, specify WAR) 59
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 23 Elmwood Avenue St., Ward, 3
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. days. How long in U. S., if of foreign birth? Life yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Bertha May Laforet
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 61 Years 8 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Post.
10 Date deceased last worked at this occupation (month and year) 3/1/34
11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS
13 NAME OF FATHER Oliver B. Hannaford
14 BIRTHPLACE OF FATHER (City) Cape Elizabeth
(State or country) Maine
15 MAIDEN NAME OF MOTHER Sarah A. Barstro
16 BIRTHPLACE OF MOTHER (City) Biddeford
(State or country) Maine.

17 Informant Mrs. Bertha L. Hannaford
(Address) 23 Elmwood Av., Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Shulders
(Signature of Agent of Board of Health or Other)
Health Officer 3/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 16, 1934
I last saw him alive on March 14, 1934, death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Angina Pectoris	March 1 1934

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	1931

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Raymond R. Parkin, M. D.
(Address) Winthrop, Mass. Date March 16 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL March 18, 1934

22 NAME OF UNDERTAKER Charles R. Rollins F.E.B.
ADDRESS 300 Meridian St. E.B., Mass.

Received and filed ..... 19 .....
MAR 19 1934
(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 60

Registered No.

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 61 Washington Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Addie Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 61 Washington Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Arthur H. Smith (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 9 Months 13 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10 Date deceased last worked at this occupation (month and year):

11 Total time (years) spent in this occupation:

12 BIRTHPLACE (City): Portland, (State or country): Maine.

PARENTS

13 NAME OF FATHER: John W. Downing.

14 BIRTHPLACE OF FATHER (City): Portland, (State or country): Maine.

15 MAIDEN NAME OF MOTHER: Almeda R. Poole.

16 BIRTHPLACE OF MOTHER (City): Portland, (State or country): Maine.

17 Informant: Mr. Arthur H. Smith, (Address) 61 Washington Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Goldrick M.D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/21/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1919 to Mar 20, 1934

I last saw h~~e~~ alive on Mar 19, 1934, death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of Uterus	1918

Contributory causes of importance not related to principal cause:

Uraemia	Mar 13 1934
Double pyelitis.	

Name of operation: Hysterectomy + Date of: Dec 1919

What test confirmed diagnosis? Path + Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George W Moore M. D.

(Address) 475 Com. Ave. Boston Date Mar 20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge- (Cemetery) Cambridge (City or town)

DATE OF BURIAL: March 22, 1934 19

22 NAME OF UNDERTAKER: Charles B. Watson

ADDRESS: Cambridge, Mass.

Received and filed MAR 27 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2829

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Haymarket Sq Relief Hospital, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte L Fredericks
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 61

(a) Residence. No. 12 Almont St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Albert Fredericks
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 2 Months 1 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Newark
(State or country) NJ

PARENTS
13 NAME OF FATHER William M Hall
14 BIRTHPLACE OF FATHER (City) unknown
(State or country)
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant C.Herbert Fredericks
(Address) Winthrop

A TRUE COPY.
ATTEST: Hilda Hedstrom Dirks
(Registrar of city or town where death occurred)
DATE FILED March 22 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 20, 1934
I last saw her alive on March 20, 1934, death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset
coronary thrombosis | 3/20/34
(Dr Magrath consulted)

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B F Devine, M. D.
(Address) Boston Date 3/20/ 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Newark NJ (City or town)
DATE OF BURIAL March 21 19 34

22 NAME OF UNDERTAKER J S Waterman & Sons Inc
ADDRESS Boston

Received and filed APR 19 19
(Registrar of City or Town where deceased resided)

50m-2-'30. No. 7997-d

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Boston Robbed 4/4/34

R-301

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: SUFFOLK (County) — WINTHROP (City or Town) — No. Sta. Hosp. Ft. Banks, Mass. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

WINTHROP (City or town making return)

Registered No. 62

2 FULL NAME ELMER F. BROWN (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. Army Base, Boston, Mass. St., ... Ward, ... (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here —

7 AGE 37 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier, U S Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hq., Det., Army Base Boston, Mass. Dept.
10 Date deceased last worked at this occupation (month and year) .....
11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) ..... (State or country) Connecticut

PARENTS:
13 NAME OF FATHER — Amable Doblan
14 BIRTHPLACE OF FATHER (City) " " " (State or country) " " "
15 MAIDEN NAME OF MOTHER — " " "
16 BIRTHPLACE OF MOTHER (City) " " " (State or country) " " "

17 Informant U.S. Army Records (only)
(Address) Army Base Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chadwick
(Signature of Agent of Board of Health or other)
Vital Statistics 3/22/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 21, 19..., I last saw him alive on March 21, 1934, death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Erysipelas, acute, severe	3/12/34
Bronchial pneumonia, acute	3/18/34

Contributory causes of importance not related to principal cause:

Laceration, suppurative, severe occipital region, cause unknown, date u	
Abscess, acute, suppurative	3/20/34

Name of operation Paracentesis, abscess Date of March 20, 34
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Arthur G. Compton
(Signed) [illegible] M. D.
(Address) Sta. Hosp. Ft. Banks, Mass. Date 3/21/34

21 PLACE OF ~~BURIAL, CREMATION OR~~ REMOVAL Forest Cemetery (Cemetery) (City or town)
DATE OF BURIAL Mar 24 1933

22 NAME OF UNDERTAKER Chas R Penniman
ADDRESS Winthrop Mass

Received and filed MAR 27 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

Reprint

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town making return)

Registered No.

1 PLACE OF DEATH: SUFFOLK (County); WINTHROP (City or Town)

No. Sta. Hosp. Ft. Banks, Mass. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELMER F. ERICKSON (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. Army Base, Boston, Mass. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here —

7 AGE 37 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier, U S Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hq., Det., Army Base Boston, Mass. DEAD
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Connecticut

PARENTS:
13 NAME OF FATHER —
14 BIRTHPLACE OF FATHER (City) —
(State or country) —
15 MAIDEN NAME OF MOTHER —
16 BIRTHPLACE OF MOTHER (City) —
(State or country) —

17 Informant
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 21, 1934
I last saw him alive on March 21, 1934, death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Erysipelas, acute, severe	3/12/34
Bronchal Pneumonia, acute	3/18/34

Contributory causes of importance not related to principal cause:

Laceration, suppurative, severe occipital region, cause unknown, date unk-	
Abscess, acute, suppurative	3/20/34

Name of operation Paracentesis, absc Date of March 20/34
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur G. Colton, Major, M.C. (U.S.A.) M. D.
(Address) Sta. Hosp. Ft. Banks, Mas Date 3/21/19

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER
ADDRESS

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 63

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 4I Atlantic St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry P. McHugh (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4I Atlantic St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Catherine J. Clarke
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyestuffs
10 Date deceased last worked at this occupation (month and year) May 1924
11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Michael
14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Bridget Maginn
16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Catherine J. McHugh
(Address) 4I Atlantic St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guldrey
(Signature of Agent of Board of Health or other)
Health Officer 3/22/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1933, to March 21, 1934
I last saw him alive on March 20, 1934, death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic interstitial nephritis	1932
Chronic myocarditis	Dec 1933

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date Mar 22 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston
(Cemetery) (City or town)
DATE OF BURIAL March 23, 1934

22 NAME OF UNDERTAKER Forni & Maley
ADDRESS Winthrop

Received and filed MAR 27 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County) Stoughton (City or Town) No. 170 Grovers Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah T. Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 64

(a) Residence. No. 170 Grovers Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Sullivan (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION.
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) Jan 1932
11 Total time (years) spent in this occupation 50 yrs.

12 BIRTHPLACE (City) (State or country) Ireland.

PARENTS
13 NAME OF FATHER ~~Dennis~~ Patrick McCarthy
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland.
15 MAIDEN NAME OF MOTHER Margaret O'Riordan
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

17 Informant Mrs. R. F. Cronan
(Address) 170 Grovers Ave Stoughton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 3/26/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar (Month) 23rd (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 21 1933, to Mar 23rd 1934
I last saw h— alive on Mar 23rd 1934, death is said to have occurred on the date stated above, at 7 p m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Liver	July 33

Contributory causes of importance not related to principal cause:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry Jelsp M. D.
(Address) 93 Warren Ave Chelsea Date Mar 28th 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Josephs (Cemetery) Boston (City or town)
DATE OF BURIAL Mar 26. 1934 19

22 NAME OF UNDERTAKER P. C. Kirby Inc
ADDRESS East Boston

Received and filed 19
MAR 27 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Dr. Allen 93 Grant Ave. Chelsea

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 65

Registered No.

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town) No. WINTHROP COMMUNITY HOSPITAL St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH CARROL BARRY (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 154 CIRCUIT RD St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): WIDOW

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of JOHN BARRY (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 5 Months 29 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COOK

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. INSTITUTION

10 Date deceased last worked at this occupation (month and year) 1923

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) IRELAND (State or country)

PARENTS

13 NAME OF FATHER FIRST NAME NOT KNOWN LAST NAME CARROL

14 BIRTHPLACE OF FATHER (City) (State or country) IRELAND

15 MAIDEN NAME OF MOTHER NOT KNOWN

16 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND

17 Informant MRS ANNIE LITTLE (Address) 154 CIRCUIT RD-WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) March 25/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MARCH (Month) 24 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 24, 1934

I last saw her alive on March 24, 1934, death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Bronchial Pneumonia	Mar 21 1934

Contributory causes of importance not related to principal cause:

Fracture of 4.5.6, right ribs from fall	Mar 4 1934

Name of operation No. Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass Date Mar 25 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL ST CATHERINE-CHAP (Cemetery) Lisbon (City or town) R.I.

DATE OF BURIAL MARCH 26 1934 19

22 NAME OF UNDERTAKER RICHARD H. WHITE

ADDRESS WINTHROP

Received and filed MAR 27 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM H-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 66

1 PLACE OF DEATH
(County) [illegible]
(City or Town) Winthrop
No. [illegible] St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Heath Fenton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. [illegible] St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred [illegible] yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Mary Elizabeth Hopkins (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 2 Months 27 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant Mass State
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Hott Fuel
10 Date deceased last worked at this occupation (month and year) March 1933
11 Total time (years) spent in this occupation 15 years

12 BIRTHPLACE (City) Kansas City
(State or country) Missouri

PARENTS
13 NAME OF FATHER John Fenton
14 BIRTHPLACE OF FATHER (City) Newburgh
(State or country) New York
15 MAIDEN NAME OF MOTHER Cornelia Sinclair
16 BIRTHPLACE OF MOTHER (City) Cornwall
(State or country) New York

17 Informant Mrs. Mae F. Fenton
(Address) [illegible] Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer 3/27/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1929, to 3-25, 1934
I last saw him alive on 3/18, 1934, death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	5 yrs

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry [illegible], M. D.
(Address) [illegible] Date 3/26 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop Mass. (City or town)
DATE OF BURIAL March 27, 1934 19

22 NAME OF UNDERTAKER Charles R. Dennison
ADDRESS Winthrop, Mass

Received and filed MAR 27 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. .....

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 82 Lowell Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Frederick Elliott (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 Lowell Road St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 18 Years 2 Months 28 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10 Date deceased last worked at this occupation (month and year) Nov. 1933
11 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) San Francisco
(State or country) California

PARENTS
13 NAME OF FATHER Francis Clayton Elliott
14 BIRTHPLACE OF FATHER (City) Pawtucket
(State or country) Rhode Island
15 MAIDEN NAME OF MOTHER Gertrude Hyde
16 BIRTHPLACE OF MOTHER (City) East Hartford
(State or country) Connecticut

17 Informant F. Clayton Elliott
(Address) 82 Lowell Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guldenzopf
(Signature of Agent of Board of Health or other)
Health Officer 3/28/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to March 25, 1934
I last saw him alive on March 25, 1934, death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute monocytic leukemia (monocytic)	Oct 12 1933
Contributory causes of importance not related to principal cause:	

Name of operation None Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass. Date Mar 28 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL March 28, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass.

Received and filed APR 2 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 68

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Emma (Knights) Homer (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 114 Main St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 75 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Francis E. Homer (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years 4 Months 10 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Dec. 1933

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Dorchester (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Frank Knights

14 BIRTHPLACE OF FATHER (City) Montpelier (State or country) Vermont

15 MAIDEN NAME OF MOTHER Georgianna Card

16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) Nova Scotia

17 Informant Francis E. Homer (Address) 114 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddigy (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/30/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 28 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933, to March 28, 1934

I last saw her alive on March 24, 1934, death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Valvular Disease of Heart	1932
Acute Myocarditis	Nov 5 1933

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? N

If so, specify

(Signed) Raymond E. Parker, M. D.

(Address) Whitney Mass Date Mar 29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL March 30 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed APR 2 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-305

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BROOKLINE (City or town making return)

Registered No. 63

1 PLACE OF DEATH: NORFOLK (County); BROOKLINE (City or Town); No. TRUMBULL HOSPITAL --St.-- Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH KEEFE (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 73 PLUMMER AVE --St.-- Ward, WINTHROP MASS - (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 23 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotyper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10 Date deceased last worked at this occupation (month and year) 3/34

11 Total time (years) spent in this occupation 4

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER John Keefe

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Catherine Harvey

16 BIRTHPLACE OF MOTHER (City) Waltham
(State or country) Massachusetts

17 Informant Father
(Address) #73 Plummer Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[signature]
(Signature of Agent of Board of Health or other)

Town Clerk (Official Designation) April 4 1934 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH APRIL (Month) 3 (Day) 1934 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Septicaemia
Pneumonia (Unspecified)

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, ~~Suicide or Homicide?~~ accident
Date of injury Mch/23 19 34

Where did injury occur? Boston Mass -
(City or town and State)

Manner of Injury Splinter in Thumb

Nature of Injury Septicaemia - Pneumonia

21 Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) Benjamin W. Rudman, M. D.
(Address) #68 Bay State Road Boston Date 4/3 19 34

22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop - Winthrop
(Cemetery) (City or town)
DATE OF BURIAL April 5 19 34

23 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop - Mass -

Received and filed MAY 1 1934 19

A TRUE COPY, ATTEST: (Registrar)

25M-11-'29. No. 7180-d

FORM R-301A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 70

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 228 Main St., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harvey S. Gray (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 228 Main St St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 1 Years 9 Months 22 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Harvey S Gray
14 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass
15 MAIDEN NAME OF MOTHER Ethel Brown
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Ethel Gray
(Address) 228 Main St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guidreys M.D.
(Signature of Agent of Board of Health or other)
Health Officer 4/9/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 6, 1934, to April 7, 1934
I last saw h. alive on April 7, 1934, death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchio pneumonia 4/6

Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Bronchitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Anthony, M. D.
(Address) 4 Washington St Date 4/8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL April 9 1934 19

22 NAME OF UNDERTAKER John H. O'Malley
ADDRESS Winthrop

Received and filed APR 11 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301A

Boston Registered 4/20/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. Winthrop Communtiy Hospital St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Isherwood nee' Garven { (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 96 Moore St., ... St., 1 Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? 36 yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of William Isherwood
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 63 Years 8 Months 7 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year) 1932
11 Total time (years) spent in this occupation 36

12 BIRTHPLACE (City) Manchester
(State or country) England

PARENTS:
13 NAME OF FATHER John Garven
14 BIRTHPLACE OF FATHER (City) Manchester
(State or country) England
15 MAIDEN NAME OF MOTHER Macy
16 BIRTHPLACE OF MOTHER (City) Manchester
(State or country) England

17 Informant John Hayes
(Address) 576 Mountain Av., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childs
(Signature of Agent of Board of Health or other)
Health Officer 4/11/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 8 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1934, to April 8, 1934
I last saw her alive on April 7, 1934, death is said to have occurred on the date stated above, at 4 pm.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Embolism	April 8, 1934
Chronic Nephritis	

Contributory causes of importance not related to principal cause:

Cholecystectomy	April 2, 1934
Medical legumptate	1932

Name of operation Cholecystectomy Date of April 2, 1934
What test confirmed diagnosis? ..... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) James E. Schaff, M. D.
(Address) 34 Bennington Date April 5, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Everett.
(Cemetery) (City or town)
DATE OF BURIAL April 11, 1934

22 NAME OF UNDERTAKER Charles A. Bolles
ADDRESS 300 Meridian St., E. Boston,

Received and filed ..... 19 .....
APR 11 1934 (Registrar)

about 60 stones were found according to Physician (Phone call)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

100m-9-'30. No. 9954.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

19,493 Registered No. 72

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 162 Shirley Street, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES HERBERT BURK (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 162 Shirley Street, St., Ward, Winthrop. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Mary L. Lythgoe ~~Burk~~ (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10 Date deceased last worked at this occupation (month and year) April 9 1934

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Alexander Burk

14 BIRTHPLACE OF FATHER (City) (State or country) P. E. Island

15 MAIDEN NAME OF MOTHER Mary J. Kendall

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Charles Burk (Address) 162 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/12/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10, 1934. (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Poisoning by illuminating gas, presumably accidental. (Gas heating appliance open and unignited.)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Leroy Burgess M.D. Medical Examiner, M. D.

(Address) 274 Boylston St. Date 4/11/1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline (Cemetery) (City or town)

DATE OF BURIAL April 13 1934 19

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed APR 26 1934 19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-303 B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

19, 195

Registered No.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 162 Shirley Street, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY E. (Lythgoe) BURK (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 162 Shirley Street, St., Ward, Winthrop.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles H. Burk
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) April 1934
11 Total time (years) spent in this occupation 0

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER John Lythgoe
14 BIRTHPLACE OF FATHER (City)
(State or country) England
15 MAIDEN NAME OF MOTHER Mary Malone
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Charles Burk
(Address) 162 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/12/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10, 1934.
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Poisoning by illuminating gas, presumably accidental. (Gas heating appliance open and unignited.)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) Guy Bryant Magnotta, M. D.
(Address) Medical Examiner, 274 Boylston St. Date 4/11/19 34.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Brookline
(Cemetery) (City or town)
DATE OF BURIAL April 13 1934 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed APR 26 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

2M R-201 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 350 Winthrop St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aubery Roy Hicks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 350 Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years 7 Months 4 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10 Date deceased last worked at this occupation (month and year) 1916 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) Westport (State or country) N. S.

PARENTS

13 NAME OF FATHER Charles Hicks

14 BIRTHPLACE OF FATHER (City) Westport (State or country) N. S.

15 MAIDEN NAME OF MOTHER Alice Hicks

16 BIRTHPLACE OF MOTHER (City) Westport (State or country) N. S.

17 Informant Alice Hicks (Address) 350 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cullen (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/13/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 11 (Day) 34 (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 1, 1933, to April 11, 1934

I last saw him alive on April 7, 1934, death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic rheumatism	1914
Chronic valvular disease mitral regurgitation	1914
Acute myocarditis	Jan 1 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass Date April 11 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Mass (City or town)

DATE OF BURIAL April 13 1934

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St Winthrop

Received and filed APR 25 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

GM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 75

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 21 Grover Ave St., McKay Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lottie R. Millen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Grovers Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred R. Millen (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Nov 1933.
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER William McKay
14 BIRTHPLACE OF FATHER (City)
(State or country) New Brunswick
15 MAIDEN NAME OF MOTHER Rebecca Unknown
16 BIRTHPLACE OF MOTHER (City)
(State or country) New Brunswick

17 Informant Fred R. Millen
(Address) 21 Grover Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/14/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 12 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 26 1934 to Apr 11 1934
I last saw he alive on Apr. 11 1934 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinomatous fungoid left ovary.	June 1933

Contributory causes of importance not related to principal cause:
Pneumonia - bronchial.

Name of operation Laparotomy Date of Dec 1933
What test confirmed diagnosis? Operation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. S. Rudolph, M. D.
(Address) 57 Lee St. Date Apr 12 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL April 15 1934 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed APR 25 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
..	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 36 Atlantic St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Uelvina Jane (Aitken) Conohan (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Atlantic St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Conohan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years 8 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10 Date deceased last worked at this occupation (month and year) March 29/1934
11 Total time (years) spent in this occupation 65

12 BIRTHPLACE (City) Prince Edward's (State or country) Island

PARENTS
13 NAME OF FATHER David Aitken
14 BIRTHPLACE OF FATHER (City) P. E. I. (State or country)
15 MAIDEN NAME OF MOTHER Mary Ann Douglas
16 BIRTHPLACE OF MOTHER (City) P. E. I. (State or country)

17 Informant Mrs. Frank P. Magee
(Address) 36 Atlantic St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Aldrezzi (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/21/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1924, to April 20, 1934
I last saw her alive on April 20, 1934, death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	4/10/34
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1924
Hypertension	

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. Wolcott
(Address) 270 Commonwealth Ave Boston Date 4/20 1934, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Central (Cemetery) Everett (City or town)
DATE OF BURIAL April 22 - 1934 19

22 NAME OF UNDERTAKER Chas R Denman
ADDRESS Winthrop Mass

Received and filed APR 25 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Form R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 42 Triton Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Ella (McCulloch) Foster (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Triton Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Nathaniel Foster (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 6 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Aug. 1933

11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) Saco (State or country) Maine

PARENTS

13 NAME OF FATHER John McCulloch

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) " " "

15 MAIDEN NAME OF MOTHER Martha (Unable to obtain)

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) " " "

17 Informant Samuel Richards
(Address) 42 Triton Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) April 23/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20, (Day) 1934 (Year).

19 I HEREBY CERTIFY That I attended deceased from March 15, 1934 to April 20, 1934
I last saw her alive on April 20, 1934, death is said to have occurred on the date stated above, at 12-15 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	4/20/34

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1930
Chronic Interstitial Nephritis	1930

Name of operation none Date of
What test confirmed diagnosis Clinical & Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Jacob Abrams M. D.
(Address) 552 Shirley St. Winthrop, Mass. Date 4/20/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hill (Cemetery) Saco, Me (City or town)
DATE OF BURIAL April 23, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed APR 25 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 3917

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town)

No. Mass General Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

78

2 FULL NAME Alex Goldman (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 3 Seafoam Ave St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Mary Bronfeld (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. upholsterer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Nov 1933
11 Total time (years) spent in this occupation 7 yrs

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER Charles Goldman
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Annie -
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Mary Goldman
(Address)

A TRUE COPY.
ATTEST: Nina Hedstrom Friis
(Registrar of city or town where death occurred)

DATE FILED April 24 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 11, 1934, to April 20, 1934
I last saw him alive on April 20, 1934, death is said to have occurred on the date stated above, at 8.55P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
oesophagus abscess	2 mos

Contributory causes of importance not related to principal cause:

epidural abscess	3 dys

incision & drainage oesophageal abscess 4/14/34
Name of operation liminectomy 4/20/34 Date of
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L V Ragsdale, M. D.
(Address) Boston Date 4/21/ 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth David (Cemetery) Woburn (City or town)
DATE OF BURIAL April 22 19 34

22 NAME OF UNDERTAKER M Stanetsky
ADDRESS Boston

Received and filed 19
MAY 7 1934
(Registrar of City or Town where deceased resided)

FORM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 79

PLACE OF DEATH: Suffolk (County) — Winthrop, Mass. (City or Town) — No. 115 Summit Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

at Home

2 FULL NAME Mary A. Gallagher (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Summit Ave. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~Mary A. Walsh~~ (Give maiden name of wife in full)
(or) WIFE of John F. Gallagher (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 73 Years 2 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year) April 14, 1934
11 Total time (years) spent in this occupation 41 Years

12 BIRTHPLACE (City) County Cork (State or country) Ireland

PARENTS
13 NAME OF FATHER Patrick Walsh
14 BIRTHPLACE OF FATHER (City) County Cork (State or country) Ireland
15 MAIDEN NAME OF MOTHER Ellen Morley
16 BIRTHPLACE OF MOTHER (City) County Cork (State or country) Ireland

17 Informant Mrs. Helen Warrington (Address) 115 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
H. O. (Official Designation) April 23, 1934 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to April 21, 1934
I last saw he alive on April 21, 1934 death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
arteriosclerosis	1928
Chronic myocarditis	Jan. 1932
Contributory causes of importance not related to principal cause: Chronic Nephritis	1930

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. W. Dickinson, M. D.
(Address) Winthrop Mass Date April 22, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) Malden (City or Town)
DATE OF BURIAL April 23, 1934

22 NAME OF UNDERTAKER John J. Lynchan
ADDRESS #365 Salem St. Medford Mass.

Received and filed APR 23 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 80

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 100 Winthrop Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence A. Bissell (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 100 Winthrop Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Louisiana McLeod, (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 6 Months 26 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Mining Co

10 Date deceased last worked at this occupation (month and year) 1922

11 Total time (years) spent in this occupation 10 years

12 BIRTHPLACE (City) Great Barrington (State or country) Mass

PARENTS

13 NAME OF FATHER Washington Bissell

14 BIRTHPLACE OF FATHER (City) Rochester (State or country) N.Y.

15 MAIDEN NAME OF MOTHER Hiatt Oldham

16 BIRTHPLACE OF MOTHER (City) " " (State or country) " " "

17 Informant Clarence A. Bissell (Address) 100 Winthrop Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Goldrese (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/24/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 23 (Day) 1934 (Year)

19 I HEREBY CERTIFY that I attended deceased from Jan. 1934, to April 12 1934, I last saw him alive on April 12 1934, death is said to have occurred on the date stated above, at 9-30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Myocarditis Chronic	1929

Contributory causes of importance not related to principal cause:

Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Brown, M. D.

(Address) 20 Cushing Ave Boston Date 4/23 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Cemetery (Cemetery) Boston (City or town)

DATE OF BURIAL April 25th 1934

22 NAME OF UNDERTAKER C R Bennett

ADDRESS Winthrop Mass

Received and filed APR 25 1934

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Boston MAY 9

CM R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1934 be filed for burial permit with Board of Health or its Agent.

Registered No. 81

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Magrath
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 177 Gladstone St St., 1 Ward, E. Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Frederick J Magrath
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Mary E. Moynihan
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant Frederick J Magrath
(Address) 177 Gladstone St E B

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Cauldress
(Signature of Agent of Board of Health or other)
Health Officer 5/1/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. (Month) 28 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr 21, 1934 to Apr 28, 1934
I last saw h... alive on Apr 21, 19..., death is said to have occurred on the date stated above, at 3.4 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Prematurity (non viable)	Apr 21, 34
5 mo. mp. abortion (quoted twice)	Apr 21 143.4

Contributory causes of importance not related to principal cause:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John L. Williams, M. D.
(Address) 429 Bennington St. Boston Date Apr 30 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels (Cemetery) Boston (City or town)
DATE OF BURIAL May 1 1934

22 NAME OF UNDERTAKER Frederick G. Magrath
ADDRESS 64 Meridian St East Boston

Received and filed MAY 3 1934 19...
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 82

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hosp. Ft. Banks, Mass. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THRESEA ANN MACINTOSH (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 271 Shirley St., Winthrop, Mass St., ... Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 0 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of –
(Give maiden name of wife in full)
(or) WIFE of –
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 0 Years 0 Months 0 Days | If less than 1 day 8 Hours 15 Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. –
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. –
10 Date deceased last worked at this occupation (month and year) –
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Mass.
(State or country) Fort Banks, Mass.

PARENTS:
13 NAME OF FATHER Gerald S. MacIntosh
14 BIRTHPLACE OF FATHER (City) Harve Bouchu, Canada
(State or country)
15 MAIDEN NAME OF MOTHER Lillian Elizabeth Oakes
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Mrs. Lillian E. MacIntosh
(Address) 271 Shirley St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Gulbrecht
(Signature of Agent of Board of Health or other)
Health Officer 4/30/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 29 (9:00AM) 19 34 to (5:15 PM) Apr. 29 19 34
I last saw her alive on April 29, 19 34, death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Premature birth (7 months)	29 Apr 34

Contributory causes of importance not related to principal cause:
None

Name of operation None Date of –
What test confirmed diagnosis? – Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? None
If so, specify
(Signed) Charles L. Gandy, Maj. MC, USA M. D.
(Address) Sta. Hosp. Ft. Banks, Mass Date Apr 29 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL April 30 May 1, 1934

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed ..... 19 .....
MAY 9 1934 (Registrar)
A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4228

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Boston City Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

83

2 FULL NAME James Bellas
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 332 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Nota Courousis
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. shoe shine parlor
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Greece

PARENTS
13 NAME OF FATHER Vasilios Bellas
14 BIRTHPLACE OF FATHER (City)
(State or country) Greece
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City)
(State or country) Greece

17 Informant Wife
(Address)

A TRUE COPY.
ATTEST: Hilda Hedstrom Finks
(Registrar of city or town where death occurred)
DATE FILED May 3 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to April 29, 1934
I last saw him alive on April 29, 1934, death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Perforated gastric ulcer
(cause unknown) | 2 dys

Contributory causes of importance not related to principal cause:

expl lab cleaning of perforation
Name of operation Date of 4/26/34
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F S Broderick, M. D.
(Address) Boston Date 4/29/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove (Cemetery) Lynn (City or town)
DATE OF BURIAL May 1 1934

22 NAME OF UNDERTAKER R C Hasiotis
ADDRESS Boston

Received and filed MAY 7 1934 19
(Registrar of City or Town where deceased resided)

9560

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Onondaga State N.Y. Registered No. 84

Township ____ or Village ____ or

City Syracuse No. 331 Marquette Ave St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary W. Bark

(a) Residence: No. ____ St., ____ Ward. Winthrop Mass

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Div.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6 1882

7. AGE Years 52 Months 7 Days 9 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. —

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place ____ Date ____, 19

19. UNDERTAKER (Address)

20. FILED ____, 19 MAY 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15, 1934

22. **I HEREBY CERTIFY,** That I attended deceased from ____, 19, to ____, 19

I last saw h. alive on ____, 19; death is said to have occurred on the date stated above, at ____ m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Starvation + Cachexia	1 da.
Other contributory causes of importance:	
Pelvic hematit	2 mo
Pulmonary carcinoma	
Name of operation ____ Date of ____	
What test confirmed diagnosis? ____ Was there an autopsy? ____	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) P. C. Ten Eyck, M. D.

(Address) Syracuse

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

o 11—10031

V. S. No. 98

MAY 12 1934 ue of Permit)

A TRUE COPY, ATTEST: (Registrar)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes** of importance:		Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

U. S. GOVERNMENT PRINTING OFFICE: 1930

C11—3184

. . COPY

85

ıe, ...Rosa Frank.....

e of Death, ...Newport, N. H.....

.....16 Maple..... Street

d, ... Village, ...

long a resident,.....

ious residence, ..38 Forrest St., Winthrop, Mass.....

eath occurred at an institution give name of same

.....

long an inmate, ...

ere from, ...

e of Death: Year, 1934 Month, 4 Day, 13.

: Years, 52 Months, ... Days, ...

ce of Birth, ..Russia.....

e of Birth: Year, 1882 Month, ... Day, ...

, ..F..... Color, ..W.... } Married, Single, Widowed or Divorced ..M.....

upation, ...Housewife.....

se of Death, ..Hypertension Cardiac

ailure... Duration, ...?.....

tributing Cause, ..Chronic myocarditis

..... Duration, ...?.....

me of Father, ...Fine.....

iden Name of Mother, ...

thplace of Father, ...Russia.....

thplace of Mother, ...Russia.....

cupation of Father, ...

[Record continued over.]

99

MAY 12 1934

COPY

Deceased was wife of Myer Frank

Widow of

Name of physician (or other person) reporting said death Everett J. Stone, M. D.

P. O. Address, Newport, N. H.

Place of Interment, Boston, Mass.

Date of Interment, April 13, 1934

Name of Cemetery, Boston, Jewish

Undertaker Dixi C. Newton

P. O. Address, Newport, N. H.

The State of New Hampshire

I hereby certify that the above death record is correct to the best of my knowledge and belief.

H. E. Jameson

Clerk of Newport, New Hampshire

A true copy Attest:

H E Jameson

Town Clerk.

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. .....

1 PLACE OF DEATH

..... (County)

..... (City or Town)

No. ..... St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ..... (If U. S. War Veteran, specify WAR) .....

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ..... St., ... Ward, ...

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of .....

(Give maiden name of wife in full)

(or) WIFE of .....

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10 Date deceased last worked at this occupation (month and year) .....

11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) .....

(State or country)

PARENTS

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) .....

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) .....

(State or country)

17 Informant .....

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

.....

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 13, 1934

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h ..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset

.....

.....

.....

.....

.....

Contributory causes of importance not related to principal cause:

.....

.....

.....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) ..... Date ..... 19.....

21 PLACE OF BURIAL, CREMATION OR REMOVAL .....

(Cemetery) (City or town)

DATE OF BURIAL ..... 19.....

22 NAME OF UNDERTAKER .....

ADDRESS .....

Received and filed ..... 19.....

A TRUE COPY, ATTEST: ..... (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

Gloucester Notified 6/5/34

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 86

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Sta. Hosp. Fort Banks, Mass. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Bert Knowles
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World War

(a) Residence. No. 102 Wheeler St., Ward, Gloucester, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. 1 mos. 21 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Blanche ~~Knowles~~ (Unknown)
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 64 Years 11 Months 30 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Officer, US Army
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10 Date deceased last worked at this occupation (month and year) July, 1930
11 Total time (years) spent in this occupation 13

12 BIRTHPLACE (City) Corinna
(State or country) Maine

PARENTS:
13 NAME OF FATHER - Robert Knowles
14 BIRTHPLACE OF FATHER (City) - Corinna
(State or country) - Maine
15 MAIDEN NAME OF MOTHER - Adelaide Pringle
16 BIRTHPLACE OF MOTHER (City) - Corinna
(State or country) - Maine

17 Informant - Blanch R. Knowles
(Address) 102 Wheeler St., Gloucester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/3/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 1st, (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 1st, 1934
I last saw him alive on May 1st, 1934, death is said to have occurred on the date stated above, at 8:00P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic valvular heart disease	?
Nephritis, interstitial, chronic,	?
Arteriosclerosis, generalized	?
Hypertension, arterial; thrombosis	
of left leg. Collapse of heart.	5/1/34

Contributory causes of importance not related to principal cause:

Name of operation None Date of -
What test confirmed diagnosis? - Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify -
(Signed) ROBERT E. THOMAS, Maj. MC, US Army, M. D.
(Address) Sta. Hosp. Ft. Banks, Mass Date May 2 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Gloucester
(Cemetery) (City or town)
DATE OF BURIAL May 4, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW: THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 87

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hospital St., ... Ward { (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Walter W. Belcher { (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Lincoln St. St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Amelia A. Coffin Belcher
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. R. B. & L. R.R.
10 Date deceased last worked at this occupation (month and year) April 22 1934
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Francis N. Belcher
14 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass
15 MAIDEN NAME OF MOTHER Mary A. Shute
16 BIRTHPLACE OF MOTHER (City) Prospect
(State or country) Maine

17 Informant Mrs. Amelia Belcher
(Address) 52 Lincoln St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Andrews
(Signature of Agent of Board of Health or Other)
Health Officer 5-16-'34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 3 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to May 3, 1934
I last saw h. alive on May 3, 1934, death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Lobar Pneumonia	4/22

Contributory causes of importance not related to principal cause:
Pleurisy sclerosis ?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. Anthony, M. D.
(Address) Winthrop Date 5/5 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 6 1934 19..

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed ..... 19.....
(Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

corrected copy mailed to State House 7/18/34

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 63 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME: Elizabeth ~~Mc~~ Mac Cormack
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 65 Shirley St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Alexander A ~~Mc~~ Mac Cormack
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year) April 1933
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Sidney
(State or country) Cape Breton

PARENTS
13 NAME OF FATHER Daniel Curry
14 BIRTHPLACE OF FATHER (City) Sidney
(State or country) C. B.
15 MAIDEN NAME OF MOTHER Eliza McDonald
16 BIRTHPLACE OF MOTHER (City) Sidney
(State or country) C. B.

17 Informant Alexander ~~Mc~~ Mac Cormack
(Address) 63 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
(Date of Issue of Permit) 5/8/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 6 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1929 to May 6, 1934
I last saw her alive on May 5th, 1934, death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Myocarditis	5 yrs

Contributory causes of importance not related to principal cause:

Diabetes Mellitus	6 yrs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George W. Mattart, M. D.
(Address) 115 Prince St Date May 8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Wed May 9 1934

22 NAME OF UNDERTAKER Richard C Kerby Inc
ADDRESS 17 Bennington St

Received and filed MAY 1 1 1934 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 89

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Chelsea
No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Elmore Ames
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. ..... St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Louise Winifred Bate
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years X Months 6 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Twitchell, Champlin Co.
10 Date deceased last worked at this occupation (month and year) Nov. 1933
11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) Tamworth
(State or country) New Hampshire

PARENTS
13 NAME OF FATHER Joseph Ames
14 BIRTHPLACE OF FATHER (City) Tamworth
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER Laura Tarbox
16 BIRTHPLACE OF MOTHER (City) Tamworth
(State or country) New Hampshire

17 Informant Mrs. Louise F. Bate
(Address) 44 Bellingham St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chadwick
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
5/12/34
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 10 1934.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from November 10, 1933, to May 10, 1934.
I last saw him alive on May 10, 1934, death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Nov 10/33
Contributory causes of importance not related to principal cause:	
Hypostatic Pneumonia	May 5/34

Name of operation none Date of .....
What test confirmed diagnosis Clinical + lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St. Winthrop, Mass. Date 5/11/1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL .....
(Cemetery) (City or town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER Charles P. Dunlap
ADDRESS 1 Winthrop Place

Received and filed 19
MAY 22 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 90

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 24 Taft Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry E. Dupee
(If deceased was married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Taft Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Mary Ramsey
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 8 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation 17 yrs

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Alverine Dupee
14 BIRTHPLACE OF FATHER (City) Wrentham
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Catherine M. Everett
16 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R. I.

17 Informant Mrs. Mary Dupee
(Address) 24 Taft Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Aldrich
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 5/11/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 11 (Day), 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 11, 1934
I last saw him alive on May 10, 1934, death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	May 7/34
Contributory causes of importance not related to principal cause:	
Coronary Thrombosis	April 23/32
Diabetes Mellitus	1930

Name of operation none Date of —
What test confirmed diagnosis Clinical Lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased No.
If so, specify
(Signed) Joseph Abrams M.D., M. D.
(Address) 366 Shirley St Date May 11 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cryptus (Cemetery) Norfolk (City or town) Norfolk Mass
DATE OF BURIAL May 12, 1934

22 NAME OF UNDERTAKER David Hodge & Son, Inc
ADDRESS 46 Summer St Somerville

Received and filed MAY 11 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LA[illegible] THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 112 Almont St St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edward Salmon (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 112 Almont St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Mary Louisa Bradley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years X Months 14 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crossing Tender
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston, Revere Beach & Lynn R.R.
10 Date deceased last worked at this occupation (month and year) Jan. 1934
11 Total time (years) spent in this occupation 13

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER James Salmon
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Nancy Faxon
16 BIRTHPLACE OF MOTHER (City) Quincy
(State or country) Massachusetts

17 Informant Mrs. Mary L. Salmon
(Address) 112 Almont St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chisholm
(Signature of Agent of Board of Health or other)
Health Officer 5/12/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 24, 1934, to May 11, 1934.
I last saw him alive on May 11, 1934, death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Stomach	1933

Contributory causes of importance not related to principal cause:

General Carcinomatosis	1934.

Name of operation none Date of
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 362 Shirley St. Winthrop, Mass Date 5/12/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 13, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
MAY 22 1934
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

1 R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 92

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George H. Godfrey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 184 Summer St. Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Harriet Brown (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 6 Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sardine Oil

10 Date deceased last worked at this occupation (month and year) 1931

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Lubec (State or country) Maine

PARENTS

13 NAME OF FATHER George H. Godfrey

14 BIRTHPLACE OF FATHER (City) Lubec. (State or country) Maine

15 MAIDEN NAME OF MOTHER Susan. —

16 BIRTHPLACE OF MOTHER (City) (State or country) Maine

17 Informant Harriet Godfrey (Address) 184 Summer St. Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Wilder M.D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 5 (Month) 14 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5-11, 1934, to 5-14, 1934

I last saw h. alive on 5-14, 1934, death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Anemia	
Cerebrum	1 day

Contributory causes of importance not related to principal cause:

Hypertrophy of Prostate	?
Chronic Cystitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Wells, M. D.

(Address) Winthrop Date 5/15 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Eastport Me (Cemetery) (City or town)

DATE OF BURIAL 5/17/1934 19

22 NAME OF UNDERTAKER C. R. Benner

ADDRESS Winthrop Mass

Received and filed MAY 22 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378.

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Hanthrop; No. 470 Hanthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F. Sheerin (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 93

(a) Residence. (Usual place of abode) No. 470 Hanthrop St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Unknown) (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewer Construction

10 Date deceased last worked at this occupation (month and year) July 1931

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Unknown Sheerin

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Julia C. Connor (Address) 470 Hanthrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/18/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 17, 1934

I last saw him alive on May 16, 1934, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of liver	1923

Contributory causes of importance not related to principal cause:

General carcinomatosis	1934

Name of operation none Date of

What test confirmed diagnosis clinical & lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob L. Abrams M. D.

(Address) 362 Shawmut Ave Date May 18, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's (Cemetery) Boston (City or town)

DATE OF BURIAL May 19, 1934

22 NAME OF UNDERTAKER P. C. Kirby Inc.

ADDRESS East Boston

Received and filed MAY 22 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

1 R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 94

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 36 Sagamore Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Francis Rea (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Sagamore Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Agnes Dunn (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Drug Co
10 Date deceased last worked at this occupation (month and year) Jan 1 31
11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS
13 NAME OF FATHER Francis Rea
14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass
15 MAIDEN NAME OF MOTHER Sarah Carton
16 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

17 Informant Mrs. Mary A. Rea
(Address) 36 Sagamore Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chadbourne
(Signature of Agent of Board of Health or other)
Health Officer 5/22/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 20 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to May 20, 1934
I last saw h. alive on May 19, 1934, death is said to have occurred on the date stated above, at 3-30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Pneumonia F.B.	
Contributory causes of importance not related to principal cause:	

Name of operation Date of
What test confirmed diagnosis? History Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Mulhern, M. D.
(Address) Winthrop Date 5-1-1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL May 23 1934

22 NAME OF UNDERTAKER P. Francis Hill
ADDRESS 241 Broadway St Everett

Received and filed OCT 28 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 95

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Community Hospital St.; Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George A. Ireland (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 30 Myrtle Ave St., Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 69 Years — Months — Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) Cambridge (State or country) Mass

PARENTS
13 NAME OF FATHER Robert G. Ireland.
14 BIRTHPLACE OF FATHER (City) Ireland. (State or country)
15 MAIDEN NAME OF MOTHER Letitia Mc Tavish
16 BIRTHPLACE OF MOTHER (City) St. Johns N. B. (State or country)

17 Informant Minnie Ireland. (Address) 30 Myrtle Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/21/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 5 (Month) 21 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4-21, 1934, to 5-21, 1934, I last saw h. alive on 5-20, 1934, death is said to have occurred on the date stated above, at 3:10 4 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Gangrene of foot	24 days

Contributory causes of importance not related to principal cause:

Diabetes	some years

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Harry M. Kelly, M. D.
(Address) 200 Hancock Date 5-24 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Wollaston, Wollaston (Cemetery) (City or town)
DATE OF BURIAL May 23 1934

22 NAME OF UNDERTAKER Lewis Jones & Sons
ADDRESS 50 So Grange St Boston

Received and filed MAY 22 1934 19.....

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death:... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 96

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 51 Pebble Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Mackey (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) World

(a) Residence. No. 51 Pebble Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of Anna Donohue
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER Patrick Mackey
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Ellen Connors
16 BIRTHPLACE OF MOTHER (City) Not known
(State or country) Ireland

17 Informant Anna Mackey
(Address) 51 Pebble Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Aldredge D.
(Signature of Agent of Board of Health or other)
Health Officer 5/24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 22 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from never, 19, to, 19
I last saw him alive on, 19, death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural causes probably Angina Pectoris.	March 1933.

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date 5/23/34

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 25 1934

22 NAME OF UNDERTAKER Frederick A. Magrath
ADDRESS East Boston

Received and filed 19
MAY 28 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 97

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Leahan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Triton Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): xxx

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days; If less than 1 day 5 Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER: John P. Leahan
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER: Ida May Horner
16 BIRTHPLACE OF MOTHER (City) Baltimore
(State or country) Maryland

17 Informant: John P. Leahan
(Address) 7 Triton Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guilderson
(Signature of Agent of Board of Health or other)
Health Officer 5/25/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 23 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 22, 1934 to May 23, 1934
I last saw him alive on May 22, 1934, death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
ante-fractum Hemorrhage	May 22 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Godfrey Richardson, M. D.
(Address) [illegible] Date [illegible] 19[illegible]

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 25, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAY 28 1934 19
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

19,543 38

Registered No. .....

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St. ..... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank William Charles Schueler (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. Winthrop 63 Bates Ave. St., ... Ward, ... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? 54 yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Minnie Friese (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 2 Months 22 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper Office
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Lobenstein (State or country) Germany

PARENTS
13 NAME OF FATHER Frank Schueler
14 BIRTHPLACE OF FATHER (City) Lobenstein (State or country) Germany
15 MAIDEN NAME OF MOTHER Henrietta Birnstock
16 BIRTHPLACE OF MOTHER (City) Lobenstein (State or country) Germany

17 Informant Charles T. Schueler (Address) Lawrence, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Andrews (Signature of Agent of Board of Health or other)
Vital Statistics Office (Official Designation) 5/25/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Multiple injuries caused by a motor vehicle accident (Pedestrian)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bellevue (Cemetery) Lawrence (City or town)
DATE OF BURIAL May 26 1934

22 NAME OF UNDERTAKER Frank S. Whitney
ADDRESS 30 Laurel St. Melrose

Received and filed MAY 25 1934 19 .....
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5028

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town); No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

99

2 FULL NAME Christina Bissell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 100 Quincy Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Clarence H Bissell
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) 4/1934
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Prince Edward Is
(State or country)

PARENTS
13 NAME OF FATHER Alexander McLeod
14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
15 MAIDEN NAME OF MOTHER --
16 BIRTHPLACE OF MOTHER (City)
(State or country) -

17 Informant Clarence A Bissell
(Address) Winthrop

A TRUE COPY.
ATTEST: Hilda Hedstrom Finks
(Registrar of city or town where death occurred)
DATE FILED May 29 34 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to May 25, 1934
I last saw her alive on May 25, 1934, death is said to have occurred on the date stated above, at 3.20A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
carcinoma of the breast with metastasis to lungs	1 yr

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M J Rhees, M. D.
(Address) Boston Date 5/25/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL May 28 1934

22 NAME OF UNDERTAKER C R Bemison
ADDRESS Winthrop

Received and filed JUN 8 1934 19
(Registrar of City or Town where deceased resided)

FORM R-303 B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 100

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold Sidney Wrightson (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Faun Bar Avuene St., Ward, (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 24 Years 10 Months 12 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lynotype Operator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printing Plant
10 Date deceased last worked at this occupation (month and year): May 1934
11 Total time (years) spent in this occupation: 7 yrs.

12 BIRTHPLACE (City) London England (State or country)

PARENTS
13 NAME OF FATHER: Sydney J. Wrightson
14 BIRTHPLACE OF FATHER (City) London England (State or country)
15 MAIDEN NAME OF MOTHER: Ida Blanche Smith
16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant: Father Sydney J. Wrightson
(Address) 41 Tilestonrd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guiderzadeh
(Signature of Agent of Board of Health or other)
Health Officer 5/29/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
cerebral embolism 5 days from
[illegible] heart disease, [illegible]

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) [illegible], M. D.
(Address) Date May 29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 29, 1934. 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed JUN 5 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

2M R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 101

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 229 Washington Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emmie S. Benner (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 229 Washington Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Morrill T. Benner (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 10 Months 15 Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) June 1933
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) York, (State or country) Maine

PARENTS
13 NAME OF FATHER Thomas Witham
14 BIRTHPLACE OF FATHER (City) (State or country) Maine
15 MAIDEN NAME OF MOTHER Nancy Moulton
16 BIRTHPLACE OF MOTHER (City) (State or country) Maine

17 Informant Winchlice F. Benner (Address) 229 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

H.O. (Official Designation) June 2/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 30, (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 2 1928, to May 30, 1934

I last saw her alive on May 30, 1934, death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemmorhage	May 26/34

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1928
Chronic Myocardial Degeneration	1930

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D., M. D.
(Address) 562 Shirley St. Winthrop, Mass. Date May 31, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood, Everett (Cemetery) (City or town)
DATE OF BURIAL June 2, 1934

22 NAME OF UNDERTAKER A. E. Henderson Co.
ADDRESS 517 Broadway, Everett

Received and filed 19

JUN 5 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303 B

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 19,559 102

1 PLACE OF DEATH: (County) Suffolk. (City or Town) Winthrop. No. 40 Thornton Park St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Harris Howes (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop 40 Thornton Pk St., Ward, (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner -
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Chandler
10 Date deceased last worked at this occupation (month and year): 5/30 34
11 Total time (years) spent in this occupation: 45

12 BIRTHPLACE (City) Chatham (State or country) Mass

PARENTS
13 NAME OF FATHER: Daniel H. Howes
14 BIRTHPLACE OF FATHER (City) Chatham (State or country)
15 MAIDEN NAME OF MOTHER: Hope R. Ackins
16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) Mass

17 Informant (Sister) Mrs. F. E. Chase. (Address) 39 - Chester ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/1/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30-31 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bullet wound of the head, Suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) Geo. Burgess Magoun M.D., M. D.
(Address) Wal Exam Suff Co. Date June 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Union Cemetery (Cemetery) Chatham (City or town) Mass
DATE OF BURIAL June 2 - 1934 19

22 NAME OF UNDERTAKER Chas R. Bennett
ADDRESS Winthrop Mass.

Received and filed JUN 5 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 103

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hosp. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis L. Green. (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Willow Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 60 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10 Date deceased last worked at this occupation (month and year) 1931

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Matthew T. Green

14 BIRTHPLACE OF FATHER (City) Unknown. (State or country)

15 MAIDEN NAME OF MOTHER Unknown.

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Informant Wilbur Greenfield. (Address) 16 Willow Ave Wth.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

H. O. (Official Designation) June 2/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 1 (Day) 1934 (Year)

19 I HEREBY CERTIFY, that I attended deceased from May 1, 1934, to June 1, 1934, I last saw him alive on May 31, 1934, death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebrovascular	?
Contributory causes of importance not related to principal cause:	
Senile	1 yr
Emphysema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Anthony, M. D.

(Address) 4 Winthrop St. Date 6/1 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL June 4, 1934.

22 NAME OF UNDERTAKER William A. Treanor.

ADDRESS 559 Saratoga St E. B.

Received and filed JUN 5 1934 19 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5427

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. St Elizabeth's Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Wickham (If U. S. War Veteran, specify WAR) 1861
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 9 Albert Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of Mary E Power
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shipper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation 45 yr

12 BIRTHPLACE (City) (State or country) Canada

PARENTS
13 NAME OF FATHER John Wickham
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Susan Phalan
16 BIRTHPLACE OF MOTHER (City) (State or country) Canada

17 Informant Wm Wickham
(Address) above

A TRUE COPY. ATTEST: Hilda Hedstrom Funk
(Registrar of city or town where death occurred)

DATE FILED June 12 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 6 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to June 6, 1934
I last saw him alive on June 6, 1934, death is said to have occurred on the date stated above, at 6.15 Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
pyemia	5/26/34
luetic heart disease	unk

Contributory causes of importance not related to principal cause:

Name of operation incision & drainage Date of 5/28/34
What test confirmed diagnosis? lab Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? yes
If so, specify patient injured leg last Nov while at work
(Signed) H R Berman, M. D.
(Address) Boston Date 6/6/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's (Cemetery) Boston (City or town)
DATE OF BURIAL June 9 1934

22 NAME OF UNDERTAKER W T Bulger Inc
ADDRESS Boston

Received and filed JUN 8 1934 JUL 6 1934 19
(Registrar of City or Town where deceased resided)

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 105

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta Kiander (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 175 Somerset Ave. St., Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John G. Kiander (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 11 Months 3 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Sweden (State or country)

PARENTS
13 NAME OF FATHER Carl Pehl
14 BIRTHPLACE OF FATHER (City) Sweden (State or country)
15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

17 Informant Blanche E. Kiander
(Address) 175 Somerset Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Gulchrest
(Signature of Agent of Board of Health or other)

Health Officer 6/12/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 10 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to June 10, 1934
I last saw her alive on June 9, 1934, death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of Both Breasts	Jan 1932
Carcinoma of Liver	

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	1929

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date June 12 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 12 1934 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

JUN 16 1934

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT REC[illegible]D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 106

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 431 Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A Hadley (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 431 Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Anna Brill (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor City of Boston

10 Date deceased last worked at this occupation (month and year) June 1931

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER William Hadley

14 BIRTHPLACE OF FATHER (City) Edinburgh (State or country) Scotland

15 MAIDEN NAME OF MOTHER Anna Duffy

16 BIRTHPLACE OF MOTHER (City) Edinburgh (State or country) Scotland

17 Informant Mrs. P. A. McCormack (Address) 57 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Andrews M. D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/12/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to June 11, 1934

I last saw him alive on June 11, 1934, death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of Prostate Gland	IMPORTANT 1933
Contributory causes of importance not related to principal cause:	
General Carcinomatosis	1934

Name of operation none Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo B. Abrams, M. D.

(Address) 562 Huntington Ave Boston Mass Date June 12 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL June 13 1934

22 NAME OF UNDERTAKER P. C. Kirby Inc

ADDRESS 17 Bennington St East Boston

Received and filed JUN 16 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 107

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 22 Read St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Rogers (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 22 Read St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Dale Rogers
14 BIRTHPLACE OF FATHER (City) Perlee
(State or country) Iowa
15 MAIDEN NAME OF MOTHER Bessie Starkweather
16 BIRTHPLACE OF MOTHER (City) Memphis
(State or country) Missouri

17 Informant Dale Rogers
(Address) 22 Read St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer 6/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 12, (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 12, 1934
~~I last saw it alive on~~ Stillborn, ~~19~~, death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation — Date of —
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St Winthrop Date June 13, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 13 1934. 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed JUN 16 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 108

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 38 Main St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josef Emanuel Andersen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 38 Main St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Christine Unger (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years 9 Months 8 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy Yard

10 Date deceased last worked at this occupation (month and year) 1924

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) (State or country) Norway

PARENTS

13 NAME OF FATHER: Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country): Unable to obtain

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country): Unable to obtain

17 Informant: Mrs. Christine Andersen
(Address) 38 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer — 6/20/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from did not, 19, to, 19

I last saw h. alive on, 19, death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural causes Probably	
Chronic Myocarditis	1929

Contributory causes of importance not related to principal cause:

Chronic Rheumatism	1927

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health Date June 20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 20, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass.

Received and filed JUN 20 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Boston Notified 7/13/34

2M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 109

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Santiano (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 251 Chelsea, E. Boston St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS:
13 NAME OF FATHER Vito G. Santiano
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass
15 MAIDEN NAME OF MOTHER Sarah Verticcia
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant Vito G. Santiano
(Address) 251 Chelsea St E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guidera
(Signature of Agent of Board of Health or other)
Health Officer 6/20/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18 - 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to June 18, 1934
I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy? no.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Charles Melone, M. D.
(Address) 186 Chelsea St Boston Date June 18 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels (Cemetery) Boston (City or town)
DATE OF BURIAL June 20 1934

22 NAME OF UNDERTAKER Frederick A Magnatt
ADDRESS 64 Meridian St E Boston

Received and filed JUN 2 '34 19.....

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5775

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town); No. Children's Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arleen Keating (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 110

(a) Residence. No. 173 Shirley St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 6 Years 8 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Sept 1933
11 Total time (years) spent in this occupation 10 mos

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Harold Keating
14 BIRTHPLACE OF FATHER (City) Springfield
(State or country) Mass
15 MAIDEN NAME OF MOTHER Mary I McDonald
16 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

17 Informant Mrs McDonald
(Address) Winthrop

A TRUE COPY.
ATTEST: Hilda Hedstrom Funk
(Registrar of city or town where death occurred)
DATE FILED June 25 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1934, to June 21, 1934
I last saw her alive on June 21, 1934, death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Rabies	6/14/34

Contributory causes of importance not related to principal cause:

Dog bite on left calf of leg	5/23/34

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E J Schwartz, M. D.
(Address) Boston Date 6/21/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 24 1934

22 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed JUN 6 1934 1934 1934
(Registrar of City or Town where deceased resided)

1 R-301 A

N. B.—WRITE PLAINLY—WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 180 Highland Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. Maguire (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 180 Highland Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Bertha M. Crisp
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years Months Days
If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles
10 Date deceased last worked at this occupation (month and year) June 1930
11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Pau
(State or country) France

PARENTS
13 NAME OF FATHER Patrick
14 BIRTHPLACE OF FATHER (City) New York
(State or country) New York
15 MAIDEN NAME OF MOTHER Marie Darthez
16 BIRTHPLACE OF MOTHER (City)
(State or country) France

17 Informant Mrs. Bertha Maguire
(Address) 180 Highland Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 6/30/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 27 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to June 27, 1934
I last saw him alive on June 27, 1934, death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	June 25 1934

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1931
Chronic Interstitial Nephritis	1931.

Name of operation None Date of
What test confirmed diagnosis? Personal Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date June 25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge (Cemetery) Cambridge (City or town)
DATE OF BURIAL June 30 1934. 19

22 NAME OF UNDERTAKER John T. O'Malley
ADDRESS Winthrop

Received and filed JUL 5 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE [illegible] OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 112

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 15 Atlantic St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza Elizabeth (Welch) Dempster (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Atlantic St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 6 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William J. Dempster (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 6 Months 5 Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): June 1934
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City, State or country): London, England

PARENTS
13 NAME OF FATHER: Unable to obtain
14 BIRTHPLACE OF FATHER (City, State or country): Unable to obtain
15 MAIDEN NAME OF MOTHER: Unable to obtain
16 BIRTHPLACE OF MOTHER (City, State or country): Unable to obtain

17 Informant: William J. Dempster
Address: 15 Atlantic St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Cummings (Signature of Clerk of Board of Health or other)
Health Officer (Official Designation) 6/29/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 28 (Day) 1934 (Year).

19 I HEREBY CERTIFY that I attended deceased from May 31 1931 to June 28 1934
I last saw her alive on June 25 1934, death is said to have occurred on the date stated above, at 5-40 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of uterus	1931

Contributory causes of importance not related to principal cause:
Unknown

Name of operation carcinoma at Mass. Memorial Hosp. Date of Oct. 1931
What test confirmed diagnosis? Biopsy Was there an autopsy? no.

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Edgar E. Bowen M. D.
(Address) E. Boston Date Jun 29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Everett (City or town)
DATE OF BURIAL July 1, 1934

22 NAME OF UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop, Mass

Received and filed JUL 5 1934 (Reg. Dist.)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 707-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 113

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 2 Upland Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary E. Donahue Riley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 2 Upland Road St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James J. Riley (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) June 1934
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Worcester (State or country) Massachusetts

PARENTS
13 NAME OF FATHER Donahue
14 BIRTHPLACE OF FATHER (City) Brookfield (State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Mary
16 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country)

17 Informant James J. Riley
(Address) 2 Upland Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/30/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 29, 1934
I last saw her alive on June 28, 1934, death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic Interstitial Nephritis	1928
Chronic Myocarditis	1933.

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date June 29 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL July 2 1934

22 NAME OF UNDERTAKER Wm F. O'Malley
ADDRESS Winthrop

Received and filed 19

A TRUE COPY, ATTEST: JUL 5 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6119

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Bix, Alias, "Jake Bix" (If U. S. War Veteran, specify WAR) 111
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Nevada Ct. St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Minnie Brother
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself
10 Date deceased last worked at this occupation (month and year) 4/'34
11 Total time (years) spent in this occupation Yrs.

12 BIRTHPLACE (City)
(State or country) Russia

PARENTS
13 NAME OF FATHER Pinkus Bix
14 BIRTHPLACE OF FATHER (City)
(State or country) Russia
15 MAIDEN NAME OF MOTHER Bessie -
16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Peter Bix
(Address) 46 Nevada Ct., Winthrop, Mass.

A TRUE COPY.
ATTEST: Hilda Hedstrom Funk
(Registrar of city or town where death occurred)
DATE FILED July 6, 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 3 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to July 3, 1934
I last saw him alive on July 3, 1934, death is said to have occurred on the date stated above, at 5.10P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

pulmonary embolism | Min

Contributory causes of importance not related to principal cause:

carcinoma of sigmoid | mos

cecostomy 6/17/34
Name of operation resection of sigmoid Date 6/30/34
What test confirmed diagnosis? operation Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. W. Knowlton, M. D.
(Address) Boston Date 7/3/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Anshel Libaritz (Cemetery) Woburn (City or town)
DATE OF BURIAL July 4 1934

22 NAME OF UNDERTAKER M. Stanetsky
ADDRESS Boston

Received and filed AUG 8 1934 19
(Registrar of City or Town where deceased resided)

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 115

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 390 Winthrop St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helena V. Burke Downie (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 390 Winthrop St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jasper Downie (Husband's name in full) (Give maiden name of wife in full)

6 IF STILLBORN, enter that fact here

7 AGE 46 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Oct. 1926
11 Total time (years) spent in this occupation 11

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS:
13 NAME OF FATHER Michael Burke
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Jasper Downie
(Address) 390 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/5/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 3 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 1924, to July 3, 1934
I last saw her alive on July 3, 1934, death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic Myocarditis	Jan 1924

Contributory causes of importance not related to principal cause:

Chronic rheumatism	1920
Osteo arthritis	

Name of operation none Date of
What test confirmed diagnosis: Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date July 4 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)
DATE OF BURIAL July 6 1934

22 NAME OF UNDERTAKER John H O'Malley
ADDRESS Winthrop

Received and filed JUL 12 1934 19 (Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-305

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 116

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Amelia T. J. Nazzaro
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 450 Pleasant St., Ward, Wintnron
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 15 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 36 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country)

PARENTS
13 NAME OF FATHER Camillo Nazzaro
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Filomena -----
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Gertrude F. Smith,
(Address) Hathorne

A TRUE COPY.
ATTEST: W. Austin Chase
(Registrar of city or town where death occurred)
DATE FILED 7/9/34 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8, 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Acute dialatation of heart
Sudden death

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of injury 19
Where did injury occur?
(City or town and State)
Manner of Injury
Nature of Injury

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. Chase Tucker, M. D.
(Address) Peabody ~~Danv-~~ Date 7/8/34

22 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL 7/11/34. 19

23 NAME OF UNDERTAKER Angelo Jannini
ADDRESS Boston

Received and filed AUG 1 1934 19
(Registrar of City or Town where deceased resided)

25m-2-'30. No. 7997-e

Boston notified 8/13/34

FRM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 117

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. Winthrop Community Hospital St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucy L. Gates (If deceased was married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Eustaw St., Ward East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edward P. Gates (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation 30 yrs

12 BIRTHPLACE (City) Charlottetown
(State or country) P. E. I.

PARENTS
13 NAME OF FATHER Not known McNeil
14 BIRTHPLACE OF FATHER (City) Charlottetown
(State or country) P. E. I.
15 MAIDEN NAME OF MOTHER Catherine McLean
16 BIRTHPLACE OF MOTHER (City) Charlottetown
(State or country) P. E. I.

17 Informant E. P. Gates
(Address) 19 Eustaw St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. E. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/11/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 10 (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from June 2, 1934, to July 6, 1934
I last saw h... alive on July 6, 1934, death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Bronchopneumonia	July 7, 1934
Cardiac Decompensation	same
Contributory causes of importance not related to principal cause:	
Chronic cystitis & appendicitis (Pt had about 1/2 dozen stones)	June 20, 1934

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 34 Bennet St. Date July 10 1934

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Holy Cross, Malden
(Cemetery) (City or town)
DATE OF BURIAL July 12 1934

22 NAME OF UNDERTAKER Frederick A. Magrath
ADDRESS East Boston

Received and filed JUL 12 1934 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

100m-9-'33. No. 9321-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954.

Boston Publishing Co. 8/8/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 118

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Com. Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francesco Sandosca (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 St Edward - E B St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? 44 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stella Fiore (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 71 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit deleer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retire
10 Date deceased last worked at this occupation (month and year) 5 years
11 Total time (years) spent in this occupation 35 years

12 BIRTHPLACE (City) (State or country) Italy

PARENTS
13 NAME OF FATHER Antonio Sandosca
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Teresa Farro
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant John Sandosca (son)
(Address) 39 St Edward Rd - E B

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Tredgress
(Signature of Agent of Board of Health or other)
Health Officer 7/14/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 10 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1933, to July 10, 1934
I last saw h alive on 19, death is said to have occurred on the date stated above, at 11.50 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Uremia	July 7, 34

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	?
Chronic Arthritis	
Hypertension	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold Alpert, M. D.
(Address) 9 Winthrop St Date 7/12 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL July 14 1934

22 NAME OF UNDERTAKER R. D. Guarente & Son
ADDRESS 415 Hanover St - Boston

Received and filed 19
(Registrar)

JUL 17 1934

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 119

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Hospital. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Alice Maude Waldo (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 110 Grover Ave. Winthrop Mass Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Adan Waldo (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 1 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston Mass (State or country)

PARENTS
13 NAME OF FATHER: Richard Holmes
14 BIRTHPLACE OF FATHER (City) Chelsea Mass (State or country)
15 MAIDEN NAME OF MOTHER: Elizabeth unknown
16 BIRTHPLACE OF MOTHER (City) Chelsea Mass (State or country)

17 Informant W. Ratcliffe Waldo
(Address) 110 Grover Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Cuddihy M.D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/14/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 15 1933, to July 13, 1934
I last saw her alive on July 12, 1934, death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Coronary Thrombosis	December 15, 1933
Contributory causes of importance not related to principal cause:	
Hypertension	December 1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. J. O'Brien M. D., M. D.
(Address) 7 Washington Ave Winthrop Date July 14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Newton Cem Newton Mass (Cemetery) (City or town)
DATE OF BURIAL July 15 1934 19

22 NAME OF UNDERTAKER J. S. Waterman & Son
ADDRESS Boston

Received and filed JUL 17 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 120

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 162 Pleasant St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Eleazer Nickerson Thacher (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 162 Pleasant St St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of: Medora Louise Kelley (Give maiden name of wife in full)
(or) WIFE of: (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE: 87 Years 9 Months 24 Days | If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mariner
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10 Date deceased last worked at this occupation (month and year): 1929
11 Total time (years) spent in this occupation: 60

12 BIRTHPLACE (City): South Dennis
(State or country): Massachusetts

PARENTS
13 NAME OF FATHER: Benjamin Thacher, Jr.
14 BIRTHPLACE OF FATHER (City): South Dennis
(State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Nancy Nickerson
16 BIRTHPLACE OF MOTHER (City): South Dennis
(State or country): Massachusetts

17 Informant: Medora N. Thacher
(Address) 162 Pleasant St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guildhay
(Signature of Agent of Board of Health or other)
Health Officer 7/16/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 7 (Month) 14 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/1, 1934, to 7/14, 1934
I last saw him alive on 7/14, 1934, death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Edema of Lungs	?
Contributory causes of importance not related to principal cause: General Arteriosclerosis	?

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry [illegible], M. D.
(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL: South Dennis Mass (Cemetery) (City or town)
DATE OF BURIAL: July 17, 1934 19

22 NAME OF UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop, Mass

Received and filed: July 1, 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Question from Stockton, 1934 w by was end of finger amputation? Emergency called, Dr Lane. Cut finger while using septic infection of bone.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2[illegible]

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 201 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Emma Smith Rumble (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 121

(a) Residence. No. 201 Pleasant St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William A Rumble (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) March 1933
11 Total time (years) spent in this occupation 44

12 BIRTHPLACE (City) Reading (State or country) Pa.

PARENTS
13 NAME OF FATHER Levi J Smith
14 BIRTHPLACE OF FATHER (City) (State or country) Pa.
15 MAIDEN NAME OF MOTHER Henretta Sooder
16 BIRTHPLACE OF MOTHER (City) (State or country) Pa

17 Informant John A Rumble (Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Schulders
(Signature of Agent of Board of Health or other)
HO A
(Official Designation) (Date of Issue of Permit) July 15 '34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 7 (Month) 14 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to July 14, 1934
I last saw h. alive on July 13, 1934, death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Edema of Lungs	7/12/34
Contributory causes of importance not related to principal cause:	
Cerebral Hemorrhage	5/34

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry A Kelly, M. D.
(Address) 300 Pleasant Date 7/14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Charles Evans (Cemetery) Reading Pa (City or town)
DATE OF BURIAL July 17 1934

22 NAME OF UNDERTAKER Richard C Kirk Inc
ADDRESS [illegible]

Received and filed July 17 1934 JUN 1 [illegible] 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) _____

Registered No. 122

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 36 Bartlett Parkway ~~St.~~, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Vella (Hughes) Titus (If U. S. War Veteran, specify WAR) _____
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Bartlett Parkway ~~St.~~, Ward, _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Warren Ewart Titus
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years ____ Months ____ Days | If less than 1 day ____ Hours ____ Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) July 1934
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Lynn
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Charles Hughes
14 BIRTHPLACE OF FATHER (City) Waterboro
(State or country) Maine
15 MAIDEN NAME OF MOTHER Celinda F. Elden
16 BIRTHPLACE OF MOTHER (City) Oxford
(State or country) Maine

17 Informant Warren E. Titus
(Address) 36 Bartlett Parkway, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 15 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I never attended deceased from never, 19____, to ____, 19____
I last saw her alive on ____, 19____, death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Natural Causes Probably	
Chronic Myocarditis	
Chronic Interstitial Nephritis	1925

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date July 16 19 34.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL July 18 19 34

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed ~~JUN 24 1934~~ JUL 24 1934 19____
A TRUE COPY, ATTEST: _____ (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 123

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 394 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: James Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 394 Shirley St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Miriam Chambers (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 9 Months 2 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney-at-law
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office
10 Date deceased last worked at this occupation (month and year): July, 1934
11 Total time (years) spent in this occupation: 50

12 BIRTHPLACE (City): Glasgow
(State or country): Scotland

PARENTS
13 NAME OF FATHER: Unable to obtain
14 BIRTHPLACE OF FATHER (City): Unable to obtain
(State or country): Unable to obtain
15 MAIDEN NAME OF MOTHER: Unable to obtain
16 BIRTHPLACE OF MOTHER (City): Unable to obtain
(State or country): Unable to obtain

17 Informant: Mrs. Miriam C. Smith
(Address) 394 Shirley St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chickering
(Signature of Agent of Board of Health or other)
Health Officer 7/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July (Month) 15 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 15, 1930 to July 15, 1934, last saw him alive on July 15, 1934, death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	1929
Contributory causes of importance not related to principal cause: Cerebral Hemmorhage	July 1934

Name of operation: none Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 562 Shirley St. Winthrop, Mass Date July 16/34.

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: July 18 1934

22 NAME OF UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop, Mass

Received and filed 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Boston Globe 5/13/34

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 121

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop Mass
No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Saverio Gualtieri (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 140 Morgan St., Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mrs. Cristina Cutruzzola (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garden Work
10 Date deceased last worked at this occupation (month and year) April 1933
11 Total time (years) spent in this occupation 14 yrs

12 BIRTHPLACE (City) ..... (State or country) Italy

PARENTS
13 NAME OF FATHER Nicola Gualtieri
14 BIRTHPLACE OF FATHER (City) ..... (State or country) Italy
15 MAIDEN NAME OF MOTHER Celia Ephucciro
16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Italy

17 Informant Nicola Gualtieri
(Address) 140 Morgan St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. M. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/18/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 15 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 15, 1934, I last saw him alive on July 15, 1934, death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Cardiac dilatation with Pulmonary edema	7/14/34
Contributory causes of importance not related to principal cause: Strangulated Inguinal Hernia	7/12/34

Name of operation Laparotomy Date of July 12 34
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Louis H. Schwartz, M. D.
(Address) 19 Pinckney St. Date 7/17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL July 19 1934

22 NAME OF UNDERTAKER Nancy D. Giletto
ADDRESS 204 Maverick St. E. B.

Received and filed JUL 24 1934 19.....
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 125

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 50 Pleasant Park Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Victoria A. Poggi (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 50 Pleasant Park Rd. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) 40 years

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Dorchester (State or country) Boston Mass

PARENTS

13 NAME OF FATHER John R. Poggi

14 BIRTHPLACE OF FATHER (City) (State or country) Spain

15 MAIDEN NAME OF MOTHER Frances J. Geirard

16 BIRTHPLACE OF MOTHER (City) (State or country) Spain

17 Informant X George W. Poggi
(Address) 50 Pleasant Park Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Culbreth
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/7/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from September 8, 1933, to July 16, 1934

I last saw her alive on July 16, 1934, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Polycythemia Vera	1931

Contributory causes of importance not related to principal cause:

Terminal Broncho-Pneumonia	July 1934

Name of operation none Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St. Winthrop, Mass Date July 16 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL July 18, 1934

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 126

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 10 Nevada St.; Ward ((If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bailey Itzkowitz (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 10 Nevada St., Ward, Winthrop, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. days. How long in U. S., if of foreign birth? 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Itzkowitz (Husband's name in full)
(Give maiden name of wife in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Russia (State or country)

PARENTS
13 NAME OF FATHER Lippe Hurwitz
14 BIRTHPLACE OF FATHER (City) Russia (State or country)
15 MAIDEN NAME OF MOTHER Cernot by learned
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Esther Sedoff (Address) 10 Nevada St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guldbeg (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1. 1934, to July 16, 1934
I last saw h. alive on July 14, 1934, death is said to have occurred on the date stated above, at 8.15 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of intestines.	1933 (?)

Contributory causes of importance not related to principal cause:

Diabetes Mellitus.	Years

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Edward J. Frazier, M. D.
(Address) 49 Bartlett St. Date July 16 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Roland Cem. Woburn (Cemetery) (City or town)
DATE OF BURIAL July 16 1934

22 NAME OF UNDERTAKER Warner & Lanetsky
ADDRESS 63 Green St. Boston

Received and filed July 17 1934 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a

Revere Published 7/13/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 127

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Savage (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 3 Nahant Ave. Revere St., Ward, Revere Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 36 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Mary McInnis (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1919
11 Total time (years) spent in this occupation 21

12 BIRTHPLACE (City) Pictou (State or country) Nova Scotia

PARENTS:
13 NAME OF FATHER Luke Savage
14 BIRTHPLACE OF FATHER (City) Pictou (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Bridgie Welch
16 BIRTHPLACE OF MOTHER (City) Pictou (State or country) Nova Scotia

17 Informant Miss Florence MacInnis (Address) 3 Nahant Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Philbrick (Signature of Agent of Board of Health or other)
Registrar of Vital Statistics (Official Designation) 7/18/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20 1934 to July 17 1934, and last saw h. alive on July 17 1934, death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Bronchial pneumonia	7-15-34
Chronic myocarditis	1932
Arterio-sclerosis	1932
Angina pectoris	6-20-34
Cerebral arterio sclerosis	1932

Contributory causes of importance not related to principal cause:
Senility

Name of operation — Date of
What test confirmed diagnosis? Consultation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold Muggar, M. D.
(Address) 620 Beacon Boston Date 7-17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pictou (Cemetery) Nova Scotia (City or town)
DATE OF BURIAL July 20 1934

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 345 Broadway Revere

Received and filed JUL 24 1934 19 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 128

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 68 Crystal Cove Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Andrew Lane (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 68 Crystal Cove Ave. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Maude Paradis Lane (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years 5 Months 22 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Selesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Securities
10 Date deceased last worked at this occupation (month and year) June 1934
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) not known (State or country) Mass.

PARENTS
13 NAME OF FATHER not known Lane
14 BIRTHPLACE OF FATHER (City) Mass. (State or country)
15 MAIDEN NAME OF MOTHER not known Andrew
16 BIRTHPLACE OF MOTHER (City) Mass. (State or country)

17 Informant wife Maude Paradis Lane
(Address) 68 Crystal Cove Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Culbertson
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/19/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 23 1934 to July 17, 1934
I last saw him alive on July 16, 1934, death is said to have occurred on the date stated above, at 10:50 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	July 1934

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1929

Name of operation none Date of
What test confirmed diagnosis Clinical Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Altmann M.D.
(Address) 5 Crystal Cove St. Winthrop Mass Date July 18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL July 19 1934

22 NAME OF UNDERTAKER Richard H. White
ADDRESS Winthrop, Mass.

Received and filed JUL 24 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 129

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: James L. Willis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Fairview St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Willis (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country)

PARENTS
13 NAME OF FATHER Patrick Keenan
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Shaw
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Gertrude F. Smith
(Address) Hathorne

A TRUE COPY, ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 7/24/34. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19, 1934.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 25, 19 34 to July 19, 1934, I last saw he alive on July 19, 1934., death is said to have occurred on the date stated above, at 8.40Am.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	21936
Chronic nephritis	21931
Cardia Decompensation	7/2/34.

Contributory causes of importance not related to principal cause:
Psychosis with Ser. Arterio. 6/25/34.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. A. Tidwell, M. D.
(Address) Hathorne Date 7/21/34. 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL 7/21/34. 19

22 NAME OF UNDERTAKER F. T. O'Malley
ADDRESS Winthrop

Received and filed AUG 1 1934 19
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Shuel (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 130

(a) Residence. No. 241 Chelsea St., 1 Ward, East Boston (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 1 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... 1 Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER John Francis Shuel

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Louise Mastrangelo

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant John J. Shuel (Address) 241 Chelsea St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

HO (Official Designation) July 25/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20. 1934. (Month) (Day) (Year)

19 I HEREBY CERTIFY: That I attended deceased from July 19 34, to July 20 34, 19..., I last saw ... alive on July 20 30, 19..., death is said to have occurred on the date stated above, at 4.4 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Patent Foramen Ovale	7/19/34

Contributory causes of importance not related to principal cause:

Premature Birth

Name of operation Labor Induced Date of 7/16/34

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Schwartz, M. D.

(Address) 19 Bennington St. Date 7/20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Boston (Cemetery) (City or town)

DATE OF BURIAL July 21. 1934

22 NAME OF UNDERTAKER A. C. Kirby

ADDRESS East Boston

Received and filed JUL 24 1934 19...

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 191

(City or town making return) Cegyer

1 PLACE OF DEATH: Middlesex (County); Cegyer (City or Town); No. Statin Hospital Fort Devens St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter S. Taylor (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop Arms Hotel St., Ward, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 1 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): unknown

5a If married, widowed, or divorced HUSBAND of unknown (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 33 Years 1 Months 13 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mass National Guard

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Cambridge (State or country) Mass

PARENTS

13 NAME OF FATHER William

14 BIRTHPLACE OF FATHER (City) Somersworth (State or country) N.H.

15 MAIDEN NAME OF MOTHER Mary A. Hurley

16 BIRTHPLACE OF MOTHER (City) Cambridge (State or country) Mass.

17 Informant Btry "A" 101st F.A. Mass. (Address) State House, Boston, Mass.

A TRUE COPY.

ATTEST: Guy B. Fernald (Registrar of City or town where death occurred)

DATE FILED July 27, 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21, 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 21, 1934, I last saw h alive on July 21, 1934, death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Valvular heart disease	
Chronic	
aortic and mitral	
insufficiency	unknown

Contributory causes of importance not related to principal cause:

Pulmonary edema	
	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Underwood, M. D.

(Address) Fort Devens Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL July 24, 1934

22 NAME OF UNDERTAKER W. C. Stone Co.

ADDRESS Everett, Mass.

Received and filed JUL 30 1934 19

(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECO . Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital Street; Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Di Iario (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence, No. 41 Gage Ave, St., Revere Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE ..... Years 1 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10 Date deceased last worked at this occupation (month and year) .....
11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) Winthrop, (State or country) Mass.

PARENTS
13 NAME OF FATHER John Di Iario
14 BIRTHPLACE OF FATHER (City) Revere (State or country) Mass.
15 MAIDEN NAME OF MOTHER Bertha Di Iole
16 BIRTHPLACE OF MOTHER (City) New York City, (State or country) N. Y.

17 Informant John Di Iario
(Address) 41 Gage Ave, Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chadbourne
(Signature of Agent of Board of Health or other)
Health Officer 7/24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 22 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to July 22, 1934, I last saw him alive on July 22, 1934, death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Premature Birth (7 month)	June 22-34
Atalectasis	June 22-34

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? U

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Grant Wardley, M. D.
(Address) 56 Shirley Ave. Revere Date July 24 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL July 25 1934

22 NAME OF UNDERTAKER Chas. Buccafusco
ADDRESS 145 Mountain Ave Revere

Received and filed AUG 2 1934 19 Revere
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FRM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 133

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Potts (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Elmwood St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Zebalon Potts (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Edwinstowe (State or country) England

PARENTS:
13 NAME OF FATHER William Brett
14 BIRTHPLACE OF FATHER (City) Edwinstowe, (State or country) ~~England~~
15 MAIDEN NAME OF MOTHER Lucy Antcliffe
16 BIRTHPLACE OF MOTHER (City) Edwinstowe, (State or country) England

17 Informant Gertrude F. Smith, (Address) Hathorne

A TRUE COPY.
ATTEST: [signature] (Registrar of city or town where death occurred)
DATE FILED 7/31/34. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 22, 1934. (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
July 22 1934
11.20P

Arteriosclerosis 1927
Chr. myocarditis 1933

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of injury 19
Where did injury occur? (City or town and State)
Manner of Injury
Nature of Injury clin. no

21 Was disease or injury in any way related to occupation of deceased no
If so, specify
(Signed) H. A. Tadzell, M. D.
(Address) Hathorne Date 7/28/34 19

22 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL July 26, 1934. 19

23 NAME OF UNDERTAKER R. T. White
ADDRESS Winthrop

Received and filed AUG 10 1934 19
(Registrar of City or Town where deceased resided)

25m-2-'30. No. 7997-e

HE

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 131

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 40 Willow Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary Ella (Coonerty) Dow (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 198 Cottage Park Road St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Alfred Perry Dow (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 6 Months 25 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) June 193

11 Total time (years) spent in this occupation 57

12 BIRTHPLACE (City) Albany (State or country) Vermont

PARENTS

13 NAME OF FATHER: John C. Coonerty

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Herbert C. Dow (Address) 198 Cottage Pk. Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Hildreth (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/27/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov. 29, 1925, to July 25, 1934

I last saw her alive on July 25, 1934, death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Nov 29 1925
	June 22 1934

Contributory causes of importance not related to principal cause:

Chronic Interstitial Nephritis	1925 +
Chronic Myocarditis	1925 +

Name of operation None Date of

What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass. Date July 27 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Albany (Cemetery) Vermont (City or town)

DATE OF BURIAL July 29, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed AUG 2 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2574

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 34 Pleasant Park Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank A. Silva (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 135

(a) Residence. No. 34 Pleasant Park Road St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of Anna Kilo (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unity Bldg., Boston
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Boston, (State or country) Mass.

PARENTS
13 NAME OF FATHER John Silva
14 BIRTHPLACE OF FATHER (City) (State or country) Portugal
15 MAIDEN NAME OF MOTHER Constance (unknown)
16 BIRTHPLACE OF MOTHER (City) (State or country) Portugal

17 Informant Mrs. Edith Scigliano
(Address) 34 Pleasant Park road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 7/28/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 25 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to July 25, 1934
I last saw h. alive on July 25, 1934, death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Pulmonary Tuberculosis	IMPORTANT 1934

Contributory causes of importance not related to principal cause:

Name of operation No Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)
DATE OF BURIAL July 28, 1934 19

22 NAME OF UNDERTAKER Richard Kirby Inc
ADDRESS East Boston

Received and filed AUG 2 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. 620 Shirley St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Jane Hooper (Emery)
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 620 Shirley St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow.

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Edwin B. Hooper
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 6 Months 15 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Biddeford Maine
(State or country) Maine

PARENTS
13 NAME OF FATHER Amaziah Emery
14 BIRTHPLACE OF FATHER (City) Biddeford
(State or country) Maine
15 MAIDEN NAME OF MOTHER Tappan
16 BIRTHPLACE OF MOTHER (City) Cornish
(State or country) Maine

17 Informant Fred A. Hooper
(Address) Wrentham Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Culhane
(Signature of Agent of Board of Health or other)
Health Officer 7/28/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 26 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to July 26, 1934
I last saw h. alive on March 1, 1934, death is said to have occurred on the date stated above, at 11.55 p. m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT
Arteriosclerosis ?
Contributory causes of importance not related to principal cause:
Myocarditis ?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Charles Hutchins, M. D.
(Address) Winthrop Date 7/27/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood (Cemetery) Biddeford Me. (City or town)
DATE OF BURIAL July 29 1934

22 NAME OF UNDERTAKER Short & Williamson Inc.
ADDRESS Allston

Received and filed AUG 2 1934 19.....
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM T[illegible]AWS OF THE COMMONWEALTH OF [illegible]SSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

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RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

Boston notified 8/13/34

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 137

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Doherty (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 43 Foy Pl St., Ward, Boston (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Madge Doherty (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) (Madge)

6 IF STILLBORN, enter that fact here

7 AGE 70 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston

10 Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12 BIRTHPLACE (City) Ireland (State or country)

PARENTS

13 NAME OF FATHER John Doherty

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Doherty

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Madge Doherty (Address) 43 Foy Pl Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chadbourne (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/28/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 26 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/19, 1934, to 7/26, 1934, I last saw him alive on 7-26, 1934, death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Edema of Lungs	1 dy
Contributory causes of importance not related to principal cause:	
Chronic Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A. Kelly, M. D.

(Address) Winthrop Date 7/28 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's (Cemetery) Roxb (City or town)

DATE OF BURIAL July 30 1934

22 NAME OF UNDERTAKER Bernard C. McMahon

ADDRESS 72 Burnside St

Received and filed AUG 2 1934

A TRUE COPY, ATTEST: (Registrar)

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

DM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 100 Locust St., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Ada (Stewart) Williams (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 100 Locust St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph Williams (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years I Months 18 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Gloucester (State or country) Mass.

PARENTS

13 NAME OF FATHER John Stewart

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Mary Murray

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Frank Purdy (Address) 385 Beach st. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

H. O. (Official Designation) July 30/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 28 / 34 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 25, 1934 to July 28, 1934

I last saw h[illegible] alive on July 28, 1934 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic myocarditis	1930
Hypertension	1930
Chronic Nephritis	1930
Cerebral Hemorrhage	July 28 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gordon Richardson M. D.

(Address) Winthrop Mass. Date July 30, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL July 30/34 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop Mass.

Received and filed AUG 2 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 139

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Station Hosp. Ft. Banks, Mass. St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard J. Finley (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) U.S. Army World War

(a) Residence. No. 100 Main St., ... Ward, Peabody, Mass. (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 39 Years 5 Months 15 Days; If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe shop
10 Date deceased last worked at this occupation (month and year) July 1930
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Salem, (State or country) Massachusetts

PARENTS
13 NAME OF FATHER John Finley
14 BIRTHPLACE OF FATHER (City) — (State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Aylward
16 BIRTHPLACE OF MOTHER (City) — (State or country) Ireland

17 Informant Finley (Address) 100 Main St. Peabody Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 28th (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 28, 1934, I last saw him alive on July 28, 1934, death is said to have occurred on the date stated above, at 10:33 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Cancer, primary, involving both lobes, left lung. —

Contributory causes of importance not related to principal cause:

—

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Robert E. Thomas, Major, M.C., M. D.
(Address) Ft. Banks, Mass. Date July 28 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's (Cemetery) Salem (City or town)
DATE OF BURIAL July 31 1934

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 345 Broadway Revere.

Received and filed ..... 19.....
AUG 1 1934
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. .....

1 PLACE OF DEATH: Suffolk (County) ..... Hingham (City or Town) .....

No. Station Hosp. Ft. Banks, Mass. St., ... Ward ..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard J. Finlay (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 100 Main St., ... Ward, Quincy, Mass. (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): unknown

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE ..... Years ..... Months ..... Days; If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe shop
10 Date deceased last worked at this occupation (month and year) July 1930
11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Salem, (State or country) Massachusetts

PARENTS:
13 NAME OF FATHER unknown
14 BIRTHPLACE OF FATHER (City) — (State or country) —
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City) — (State or country) —

17 Informant — (Address) —

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

..... (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 20th (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 20, 1934
I last saw h. alive on July 20, 1934, death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Cancer, primary, involving both lobes, left lung. —

Contributory causes of importance not related to principal cause:

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Robert W. Hogan, Major, M.C., M. D.
(Address) Ft. Banks, Mass. Date July 21 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL ..... (Cemetery) ..... (City or town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER .....
ADDRESS .....

Received and filed JUL 30 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Winthrop (County); Suffolk (City or Town); No. 45 Pearl Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucinda J. E. Shedd (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) 140

(a) Residence. No. 45 Pearl ~~St.~~ Ave. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. days. How long in U. S., if of foreign birth? 80 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Albert A. Shedd (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10 Date deceased last worked at this occupation (month and year) Sept 1933
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)
(State or country) Scotland

PARENTS
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

17 Informant Walter Lennington Shedd
(Address) 111 Pearl St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Cardress
(Signature of Agent of Board of Health or other)
Health Officer 8/8/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 5 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 5 1927, to August 5, 1934
I last saw her alive on August 5, 1934, death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	1928
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1925
Chronic Interstitial Nephritis	1927

Name of operation none Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Always M. D. M. D.
(Address) 562 Shirley St. Winthrop, Mass Date Aug 5 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn, Cambridge
(Cemetery) (City or town)
DATE OF BURIAL [illegible] 19

22 NAME OF UNDERTAKER R. C. Kirby Inc.
ADDRESS [illegible]

Received and filed AUG 9 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement ~~containing the facts required~~ by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Board notified 9/8/34

2M R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 5 Brewster Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Elizabeth Chambers (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 126 Hancock St., Ward, Everett (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. | mos. 14 days. How long in U. S., if of foreign birth? 50 yrs. 4 mos. 14 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of James Chambers (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 7 Months 13 Days | If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10 Date deceased last worked at this occupation (month and year): May 1934

11 Total time (years) spent in this occupation:

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS:

13 NAME OF FATHER: William McCartney

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Jane Baggs

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Preston Chambers (Address) Hancock St. Everett

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/10/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August (Month) 7, (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from July 30, 1934, to August 7, 1934, I last saw her alive on August 7, 1934, death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Coronary Thrombosis	July 30 1934
Contributory causes of importance not related to principal cause:	
Cerebral Hemorrhage	Aug 4 1934
Hypostatic Pneumonia	Aug 5/34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abrams M.D., M. D.

(Address) 562 Shirley St Winthrop, Mass Date Aug 8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Everett (City or town)

DATE OF BURIAL August 10, 1934

22 NAME OF UNDERTAKER: F. E. Henderson Co.

ADDRESS 519 Broadway, Everett

Received and filed 19

AUG 13 1934

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 142

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Lane (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Trident St. Ward, Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE — Years — Months 2 Days | If less than 1 day — Hours — Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

PARENTS
13 NAME OF FATHER Max Langer
14 BIRTHPLACE OF FATHER (City) Austria (State or country)
15 MAIDEN NAME OF MOTHER Julia Briefer
16 BIRTHPLACE OF MOTHER (City) Austria (State or country)

17 Informant Joseph Kurtz (Address) 18 Roseville St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guidrey (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/8/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 7 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to —, 19—
I last saw (s.) alive on August 7, 1934, death is said to have occurred on the date stated above, at 11:55 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Status Lymphaticus	Aug-7-1934

Contributory causes of importance not related to principal cause:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) 476 Shirley St. Date Aug 8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel Cem. (Cemetery) (City or town)
DATE OF BURIAL 8/8/34

22 NAME OF UNDERTAKER Manuel Lovetsky
ADDRESS 63 Green St. Chelsea

Received and filed AUG 9 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 143

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 279 River Rd Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Dromgoole (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 279 River Rd Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Dromgoole (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) —
11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS:
13 NAME OF FATHER Michael Igo
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Cannot be obtained
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Patrick J. Dromgoole
(Address) 279 River Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Cuddihy M.D.
(Signature of Agent of Board of Health or other)
Health Officer 8/9/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 9 (Day) 1934 (Year)

19 I HEREBY CERTIFY, ~~That I attended deceased from~~ never attended deceased, 19, to, 19
I last saw h alive on, 19, death is said to have occurred on the date stated above, at about 9 a.m.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Natural Causes
(Presumably Angina Pectoris)

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jacob Abrams M.D., M. D.
(Address) Winthrop Board of Health Date Aug 9 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Winthrop (City or town)
DATE OF BURIAL Aug 11 1934

22 NAME OF UNDERTAKER George L. Doherty
ADDRESS 6 Shawmut St Somerville

Received and filed AUG 13 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

1 PLACE OF DEATH — County: Suffolk — City or Town: Winthrop — No. 21 Orlando Avenue ~~St.~~ Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John William Zehringer (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Orlando Avenue ~~St.~~ Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Isabel Woodring (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 9 Months 20 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10 Date deceased last worked at this occupation (month and year) Oct. 1932

11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Indianapolis (State or country) Indiana

PARENTS

13 NAME OF FATHER Unable to Obtain.

14 BIRTHPLACE OF FATHER (City) Unable to Obtain (State or country) " " " "

15 MAIDEN NAME OF MOTHER " " " "

16 BIRTHPLACE OF MOTHER (City) " " " " (State or country)

17 Informant Wife (Isabel W. Zehringer) (Address) 21 Orlando Av Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Chaddress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/11/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 (Month) 10 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1-1, 1934, to 8/10, 1934

I last saw him alive on 8/10, 1934, death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Edema, Dyspnea	3 days

Contributory causes of importance not related to principal cause:

Pernicious Anemia	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Ostrelly, M. D.

(Address) Winthrop Mass Date 8/11 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Newton (Cemetery) Newton Mass (City or town)

DATE OF BURIAL August 12, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed AUG 13 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

1 PLACE OF DEATH: Suffolk. (County) Winthrop. Mass. (City or Town) No. 48 Edge Hill Road--Winthrop. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A. Moore. (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Edge Hill Road. Winthrop. Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: White. 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married.

5a If married, widowed, or divorced HUSBAND of Mary E. McKeague. (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years --- Months --- Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance.
10 Date deceased last worked at this occupation (month and year) June, 9, 1934.
11 Total time (years) spent in this occupation Years.

12 BIRTHPLACE (City) (State or country) Roxbury. Mass.

PARENTS
13 NAME OF FATHER Charles S. Moore.
14 BIRTHPLACE OF FATHER (City) (State or country) Booth Bay Harbor. Maine.
15 MAIDEN NAME OF MOTHER Elinor E. Ford.
16 BIRTHPLACE OF MOTHER (City) (State or country) Bath. Maine.

17 Informant Wife. Mary E. Moore. (Address) 48 Edge Hill Road. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8-/14/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 (Month) 12 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Aug 12, 1934, I last saw h. alive on Aug. 11, 1934, death is said to have occurred on the date stated above, at 3.17 m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Angina Pectoris ?

Contributory causes of importance not related to principal cause:

General Arterio Sclerosis ?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry Cyril Ellis, M. D.
(Address) Winthrop Date 8/13/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Boston. (Cemetery) (City or town)
DATE OF BURIAL August, 14, 1934

22 NAME OF UNDERTAKER Martin C. Kelley.
ADDRESS 109 Roxbury St. Roxbury.

Received and filed AUG 16 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

CM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Everett
(City or town making return)

Registered No. 146

1 PLACE OF DEATH
Middlesex (County)
Everett (City or Town)
No. Whidden Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby O'Donnell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 145 Circuit Rd. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE — Years — Months — Days | If less than 1 day — Hours — Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) —
11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Everett
(State or country) Mass.

PARENTS
13 NAME OF FATHER Chester O'Donnell
14 BIRTHPLACE OF FATHER (City) Prov.
(State or country) R. I.
15 MAIDEN NAME OF MOTHER Elizabeth P. Bergin
16 BIRTHPLACE OF MOTHER (City) Everett
(State or country) Mass.

17 Informant Chester O'Donnell
(Address) Winthrop

A TRUE COPY.
ATTEST: [illegible] City Clerk
(Registrar of city or town where death occurred)
DATE FILED Aug. 14, 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 17, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Barbarisi, M. D.
(Address) Everett Date 8-18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Aug. 14, 1934

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed AUG 31 1934, 19.....
(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
AUG 21 1934 AM

M R-301A

N. B.—WRITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 147

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 31 Read St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen A. MacInnes (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 Read St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 9 Years 2 Months 23 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS
13 NAME OF FATHER Roderick A. MacInnes
14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass
15 MAIDEN NAME OF MOTHER Alice M. Canty
16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Roderick MacInnes
(Address) 31 Read St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Aug 24/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 (Month) 20 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/10, 1934, to 8/20, 1934
I last saw h alive on 8/20, 1934 death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Edema of Lungs	8/18
Contributory causes of importance not related to principal cause:	
Uremic Colitis	8/10

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry [illegible], M. D.
(Address) Winthrop Date 8/21 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Aug 21 1934

22 NAME OF UNDERTAKER Wm. A. Treanor
ADDRESS 559 Saratoga St. E. Boston

Received and filed SEP 5 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997.

(BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7487

1 PLACE OF DEATH — County: SUFFOLK BOSTON

City or Town:

No. Boston City Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George D Vincent (If U. S. War Veteran, specify WAR) 148

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 435 Winthrop St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years 1 Months 11 Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS
13 NAME OF FATHER: Simon D Vincent
14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass
15 MAIDEN NAME OF MOTHER: Theresa Hoey
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant (Address): Father

A TRUE COPY
ATTEST: Hilda Hedstrom Quinn
(Registrar of city or town where death occurred)

DATE FILED Aug 28 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 24 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934 to Aug 24, 1934
I last saw h im alive on Aug 24, 1934 death is said to have occurred on the date stated above, at 5.20 Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
marasmus	10 dys
broncho pneumonia	2 dys

Contributory causes of importance not related to principal cause:

Name of operation - Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J G Arent, M. D.
(Address) Boston Date 8/25/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Aug 25 1934

22 NAME OF UNDERTAKER F A Magrath
ADDRESS Boston

Received and filed SEP 6 1934 19
(Registrar of City or Town where deceased resided)

FORM R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

1 PLACE OF DEATH (County) .....
(City or Town) New Gloucester Me.
No. New Gloucester Ms. Ward ..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Adam Kellenberger (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 200 Somerset Ave. Winthrop St. Mass Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 1 week days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married.

5a If married, widowed, or divorced HUSBAND of Alma G. Bailey (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provision dealer
10 Date deceased last worked at this occupation (month and year) 1934
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Cambridge Mass
(State or country)

PARENTS
13 NAME OF FATHER Andreas Kellberger
14 BIRTHPLACE OF FATHER (City) Germany
(State or country)
15 MAIDEN NAME OF MOTHER Catherine Haas
16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant Norwood E. Kellenberger Son
(Address) 200 Somerset Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
James E. McCabe
(Signature of Agent of Board of Health or other)
August 27, 1934
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 26 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset IMPORTANT

Acute dilation of the heart

Contributory causes of importance not related to principal cause:
Valvular Heart

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L A Swett M. D.
(Address) New Gloucester Maine Date ..... 19.....

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem (Cemetery) Winthrop (City or town) Mass
DATE OF BURIAL Aug 29 1934 19

22 NAME OF UNDERTAKER J. J. Waterman & Son
ADDRESS Boston

Received and filed AUG 30 1934 19.....
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Form 88—1930
(Always write with black ink)

TRANSPORTATION OF CORPSE

The information on this certificate is a copy in full of that on the official certificate filed at place of death

State of Maine
STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Place of Death—Town or City New Gloucester, Maine

No. Centennial Spring House
Street, Locality, Institution or Hospital

Full Name William Adam Kellenberger

How Long a Resident 1 week Previous Residence Winthrop, Mass.

PERSONAL AND STATISTICAL PARTICULARS

Sex m Color white Married, Single,) Widowed or) married Divorced)

Deceased was husband of Ima G. Bailey

Deceased was wife of

Date of Birth: Year 1868 Month 10 Day 8

Age: Years 65 Months 10 Days 18

*Occupation Provision dealer

Place of Birth Germany

Name of Father ---- ----- Kellenberger

Birthplace of Father Germany ?

Occupation of Father Unknown

Maiden Name of Mother Unknown

Birthplace of Mother Unknown

* Exact statement of occupation is very important. Example; Instead of Laborer, write Farm Laborer.

L. F. Wilson
(Signature of Informant)

Gray, Maine
(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) 8/26/ 1934

I HEREBY CERTIFY, That I attended deceased from never, 19, to, 19, that I last saw him alive on never 19 and that death occurred, on the date stated above, at 8 p.m.

The **CAUSE OF DEATH** was as follows:

Acute dilitation of heart

(duration) yrs. 20 minutes mos. ds.

CONTRIBUTORY (Secondary) valvular heart

(duration) many yrs mos. ds.

Where was disease contracted if not at place of death? Winthrop, Mass.

Did an operation precede death? no Date of

Was there an autopsy? no

(Signed) L. A. Sweatt, M.D.

Address New Gloucester, Maine

PERMIT OF TOWN CLERK AND *HEALTH OFFICER

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination New Gloucester, Maine Aug. 7 1934

Permission is hereby granted to remove for burial at Boston, Mass. *the body of* William Adam Kellenberger, *above described, if prepared in accordance with the laws of this State, printed on the back of this permit. If contagious or communicable, state name of person who is authorized to accompany the body.*

W. L. Pitman Sec. Registrar *Town Clerk*

*The above permit is hereby approved. *Health Officer*

*To be used when the approval of the health officer is required.

Detach above portion at this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State the sexton or other person superintending, must send this permit and certificate to the State Department of Health in ten days.

Rules of the State Department of Health of Maine, for the Transportation of the Dead.

Rule 1. A copy of the original death certificate, signed by the attending physician, a permit from the town or city clerk or local registrar, and a transit label signed by the shipping funeral director and the initial baggage agent, printed on strong paper, supplied by the State Board of Health, shall be required for the transportation by common carriers of the bodies of the persons who have died in this State. The death certificate shall contain such information, if obtainable, as is required in the form of death certificate which is furnished by the department of Vital Statistics.

The permit of the town or city clerk shall authorize the transportation of the body of the person described in the physician's certificate. The shipping funeral director shall state on the shipping label how the body is prepared and the local baggage agent shall state thereon the route and the name and address of the escort.

The physician's permit and that of the town or city clerk shall be given to the escort to be delivered with the body at destination. The shipping label shall be securely attached to the outside case. If the body is sent by express, the physician's certificate, and the permit shall be attached to the express way-bill, and delivered with the body at the destination, and the shipping label shall be attached to the outside case.

Rule 2. The transportation of bodies dead of smallpox, plague, Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup or diphtheretic sore throat), scarlet fever (scarlet rash or scarlatina), erysipelas, and anthrax shall be permitted only under the following conditions: the body shall be thoroughly embalmed with an approved disinfectant fluid, all orifices shall be closed with absorbent cotton, the body shall be washed with the disinfectant fluid, enveloped in a sheet saturated with the same, and placed at once in the coffin or casket; which shall be immediately closed, and the coffin or casket, or the outside case containing the same, shall be metal or metal lined, and hermetically and permanently sealed.

Rule 3. The transportation of bodies dead of any diseases other than those mentioned in rule two, shall be permitted under the following conditions:

a. When the destination can be reached within twenty-four hours after death, the coffin or casket shall be enclosed in a strong outside box made of good sound lumber, not less than seven-eighths of an inch thick, all joints must be tongued and grooved, top and bottom, put on with cleats or cross pieces, all put securely together, and be tightly closed with white lead, asphalt varnish or paraffin paint, and a rubber gasket placed on the upper edge between the lid and box; provided, however, that caskets containing embalmed bodies may be shipped to points in this State in tight ordinary casket boxes; and provided further that bodies addressed to the Anatomical Board of this State may be received for shipment when prepared in such manner as the State Board of Health may direct.

b. When the destination cannot be reached within twenty-four hours after death, the body shall be thoroughly embalmed, and the coffin or casket placed in a strong well-made outside shipping case.

Rule 4. No disinterred body dead from any disease or cause, shall be transported by common carrier unless approved by the local board of health having jurisdiction at the place of disinterment, and a transit permit, and transit label shall be required as provided in Rule 1. The disinterment and transportation of bodies dead of diseases mentioned in Rule 2 shall not be allowed except upon special permission of the health authorities at both the place of disinterment and the point of destination. All disinterred remains for transportation shall be encased in metal caskets or metal lined boxes and hermetically sealed: Provided that bodies in a receiving vault when prepared by licensed embalmers, shall not be regarded as disinterred bodies until after the expiration of thirty days.

Rule 5. The outside case may be omitted in all instances when the body is transported in a hearse or a funeral director's wagon.

Rule 6. Every outside case shall have at least four handles, and when over five feet six inches in length shall have six handles.

Rule 7. An approved disinfectant fluid shall contain not less than five percent of formaldehyde gas. The term "embalming," as implied in these rules shall require the injection by a licensed embalmer, of not less than ten percent of the body weight for bodies of persons dead of diseases under Rule 2, injected arterially in addition to cavity injection; and not less than six percent of the body weight injected arterially in all other cases in addition to cavity injection, and ten hours shall elapse between the time of embalming and the shipment of the body.

Rule 8. The attached form of death certificate, town or city clerk permit, and label as described herein, with these rules printed thereon, shall be used in this State for the shipment of bodies as herein provided.

Made at a meeting of the State Board of Health, July 13, 1915.

Approved by the Governor and Council, July 28, 1915.

The penalty section of the law provides that any person who shall violate any rule or regulation of the State Board of Health for the preparation, embalming, shipping or burial of any dead human body shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten dollars nor more than fifty dollars, or imprisonment in the county jail for not less than ten days nor more than sixty days, and it shall be the duty of the county attorney of the county in which violation occurs to prosecute all such persons.

RM R-301A

N. B.—WRITE PLAIN WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 190 Circuit Rd. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta A (Stubbs) Libbey (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 190 Circuit Rd. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John H. Libbey (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 80 Years 3 Months 9 Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Bangor
(State or country) Me.

PARENTS:
13 NAME OF FATHER Asa Stubbs
14 BIRTHPLACE OF FATHER (City) Me.
(State or country)
15 MAIDEN NAME OF MOTHER Julia A. Patten
16 BIRTHPLACE OF MOTHER (City) Me.
(State or country)

17 Informant Harry W. Libbey
(Address) 90 Bellvue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/28/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 27 (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from August 1, 1934 to August 27, 1934
I last saw her alive on August 27, 1934, death is said to have occurred on the date stated above, at 7:45 p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Aug 20/34

Contributory causes of importance not related to principal cause:

Senility	1930
Arteriosclerosis	1930

Name of operation none Date of —
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 560 Shirley St. Winthrop Mass Date Aug 28, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)
DATE OF BURIAL August 29, 1934

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed SEP 5 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Boston notified 9/8/34

FORM R-303A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-12-'32. No. 7070-i

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 151

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 108 Faudwin Ave. St. Winthrop Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christine Madden (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 669 Mass Ave Boston Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. days. How long in U. S., if of foreign birth? 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Daniel O. Madden (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 92 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Unknown
11 Total time (years) spent in this occupation 65 yrs

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER Joseph Toohey
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Ann Moylan
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Wm D Madden
(Address) 669 Mass Ave Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childress
(Signature of Agent of Board of Health or Officer)
Health Officer 8/30/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 28 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Natural Cause
Arteriosclerotic Heart Disease
Found dead.
(See reverse side for description for unknown person)

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of injury 19
Where did injury occur? (City or town and State)
Manner of Injury
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Date Aug 29 1934

22 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph (Cemetery) Boston (City or town)
DATE OF BURIAL Aug 31 1934

23 NAME OF UNDERTAKER John F. Connolly
ADDRESS 1409 Washington St Boston

Received and filed SEP 5 1934 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Revere Registered 9/8/34

FORM R-301A

N. B.—WRITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo J Zolla (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Lerall St., Ward, Revere (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Marguerite Howling (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 36 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10 Date deceased last worked at this occupation (month and year) Aug 1934

11 Total time (years) spent in this occupation 15 yrs

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Raffaele Zolla

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Pasquarina [illegible]

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant [illegible] (Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Hildreth (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/30/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 29 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934, to Aug 29, 1934, I last saw him alive on Aug 29, 1934, death is said to have occurred on the date stated above, at 3.05 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Peritonitis — Date of Onset IMPORTANT: Aug 28 1934

Contributory causes of importance not related to principal cause: Perforated Gastric ulcer.

Name of operation Gastrotomy Date of [illegible] 1934

What test confirmed diagnosis? [illegible] Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) G. J. Zolla M. D.

(Address) 653 Revere St Rev Date 8/29/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] (Cemetery) (City or town)

DATE OF BURIAL [illegible] 1934 19

22 NAME OF UNDERTAKER [illegible]

ADDRESS

Received and filed SEP 5 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 258 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isadore Harold (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 258 Shirley St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. days. How long in U. S., if of foreign birth? 27 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

5a If married, widowed, or divorced, HUSBAND of Esther Green (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 40 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself
10 Date deceased last worked at this occupation, (month and year) Aug. 1934
11 Total time (years) spent in this occupation yrs.

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER David Harold
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Ida Camille, married
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Esther Harold
(Address) 258 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Sept. 2/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 2, (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to Sept. 2, 1934
I last saw him alive on Sept. 2, 1934, death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	1930

Contributory causes of importance not related to principal cause:

Aortic Sclerosis	?

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St. Date Sept. 2, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Urbeita, Ring Cem. W. Rox (Cemetery) (City or Town)
DATE OF BURIAL Sept. 2, 1934

22 NAME OF UNDERTAKER Wayne Stanley
ADDRESS 63 Cypress St. Boston

Received and filed SEP 5 1934 (Registrar)

Permission to sign Certificate granted by E. WALL ASST. MED. EXAMINER

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Barnstable (City or town making return)

Registered No. 122

1 PLACE OF DEATH: Barnstable (County); Barnstable (City or Town); No. (Osterville) St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Noah Curtis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 154

(a) Residence. No. 59 Sunnit Ave. St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Abigail Chamberlain (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 9 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10 Date deceased last worked at this occupation (month and year) August
11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) Quincy (State or country) Mass.

PARENTS
13 NAME OF FATHER Thomas Curtis
14 BIRTHPLACE OF FATHER (City) Quincy (State or country) Mass.
15 MAIDEN NAME OF MOTHER Hannah Burrill
16 BIRTHPLACE OF MOTHER (City) Hingham (State or country) Mass.

17 Informant Miss Ethel Curtis (Address) Winthrop, Mass.

A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred)

DATE FILED 10-3 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 2, (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to Sept. 2, 1934
I last saw him alive on Sept. 2, 1934, death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
Pulmonary Oedema. Chronic
Heart and Kidney disease ?

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. D. Kinney, M. D.
(Address) Osterville, Mass. Date 9/2 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Wollaston, Quincy (Cemetery) (City or town)
DATE OF BURIAL Sept. 5 1934

22 NAME OF UNDERTAKER Doane, Seal & Ames
ADDRESS Hyannis

Received and filed Oct. 3 1934
[signature] (Registrar of City or Town where deceased resided)

OCT 4 1934

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 155

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop; No. 62 Chester Ave., Ward ((If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Bridget Dearie (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 62 Chester Ave. Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Dearie (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10 Date deceased last worked at this occupation (month and year):
11 Total time (years) spent in this occupation:

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS
13 NAME OF FATHER: John Clarke
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Bridget O'Connell
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Husband James Dearie
(Address): 62 Chester Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Sept. 9/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept. (Month) 7 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 5, 1934, to Sept. 7, 1934
I last saw h. alive on Sept. 5, 1934, death is said to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Myocarditis	Aug-1934

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward L. Granger, M. D.
(Address) 200 Washington Ave. Date Sept 7 1934

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL September 10 1934

22 NAME OF UNDERTAKER Frederick A. Magrath
ADDRESS 64 Tremont St.

Received and filed SEP 14 1934 19.....
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Boston Notified OCT 8 1934

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 156

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Hypolita Larrey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Walter Roslindale St., 20 Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Belhom (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years Months 4 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Waiter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chatham Boro Inn

10 Date deceased last worked at this occupation (month and year) Sept 5. 34

11 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) (State or country) France

PARENTS

13 NAME OF FATHER ~~Donnett~~ Dominique Larrey

14 BIRTHPLACE OF FATHER (City) (State or country) France

15 MAIDEN NAME OF MOTHER Philippa Biguet

16 BIRTHPLACE OF MOTHER (City) (State or country) France

17 Informant Louis Larrey
(Address) 57 Walter St Roslindale

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

H. O. (Official Designation) Sept 10/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 9 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5:30 p.m. Sept 9, 1934, to 10:40 p.m. Sept 9, 1934

I last saw him alive on Sept. 9, 1934, death is said to have occurred on the date stated above, at 10:40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	IMPORTANT Sept 9/34

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Lebrang, M. D.
(Address) 562 Huntington St. Date Sept. 10, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL Sept 12 1934

22 NAME OF UNDERTAKER L. H. Sullivan & Son
ADDRESS 759 South St Roslindale

Received and filed SEP 14 1934 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

200M-11-'29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 157

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 67 Atlantic St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wesley Rufus Tibbetts (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 67 Atlantic St. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Grace (Peters) Tibbetts (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years I Months I Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
10 Date deceased last worked at this occupation (month and year) Sept. 34
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Glenburn
(State or country) Me.

PARENTS
13 NAME OF FATHER Asa. Freeman Tibbetts
14 BIRTHPLACE OF FATHER (City) Me.
(State or country)
15 MAIDEN NAME OF MOTHER Lucia Johnson
16 BIRTHPLACE OF MOTHER (City) Me.
(State or country)

17 Informant Wife
(Address) Grace Peters Tibbetts 67 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William A. Chilson
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) Sept 12/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 10 1934
(Month) (Day) did not (Year)

19 I HEREBY CERTIFY, That I attended deceased from ,19, to , 19
I last saw h. alive on , 19, death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
Natural Causes Probably
Angina Pectoris — Sept. 10 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health Date Sept 11 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Sept. 14/ 34 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS Winthrop

Received and filed SEP 14 1934 19
A TRUE COPY, ATTEST (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RM R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 158

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 40 Bowdoin St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Frazer (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 40 Bowdoin St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Frazer (Husband's name in full) (Give maiden name of wife in full)

6 IF STILLBORN, enter that fact here

7 AGE 71 Years — Months — Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year) June 1924
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Daniel O'Rourke
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Ann Cassidy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mrs Joseph Murphy
(Address) 46 Bowdoin St. Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent — Sept. 12/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 11 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934 to Sept 11, 1934
I last saw h. alive on Sept 10 1934 death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Chronic Interstitial Nephritis ?

Contributory causes of importance not related to principal cause:
Myocarditis ?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Mayhoney, M. D.
(Address) 4 Washington Date 9/12 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Sept 14 1934

22 NAME OF UNDERTAKER William A. Treanor
ADDRESS 559 Saratoga St. E. Boston

Received and filed SEP 14 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 159

Registered No.

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 312 Bowdoin Street St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Blanche (Gilchrist) Clark (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 312 Bowdoin Street St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William A. Clark (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 8 Months 13 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Shannon, N. B. (State or country)

PARENTS

13 NAME OF FATHER: Samuel Gilchrist

14 BIRTHPLACE OF FATHER (City) Shannon, N. B. (State or country)

15 MAIDEN NAME OF MOTHER: Elizabeth Belyea

16 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)

17 Informant: Son - William H. Clark (Address) 312 Bowdoin St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

H. O. (Official Designation) Sept 15, 34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 14 (Day) 1934. (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to 9/14, 1934, I last saw h. Ev. alive on 9/14, 1934, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of stomach	March 1934
Contributory causes of importance not related to principal cause:	
Cerebral hemorrhage	1932
Cachexia.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael Litrich, M. D.

(Address) 114 Shirley Ave. Revere Date 9/15 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)

DATE OF BURIAL September 16, 1934. 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

SEP 2 1934 (Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 160

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 134 Bartlett Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosella (Paine) Lindsey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 134 Bartlett Rd. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles Lindsey (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Me.

PARENTS

13 NAME OF FATHER Benjamin Paine

14 BIRTHPLACE OF FATHER (City) Merideth (State or country) N.H.

15 MAIDEN NAME OF MOTHER Mary Tewksbury

16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.

17 Husband Informant Charles Lindsey (Address) 134 Bartlett Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/18/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 18 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Sept 18, 1934

I last saw h alive on Sept 16, 1934, death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma uterus and adnexa	

Contributory causes of importance not related to principal cause:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Dunhoney, M.D.

(Address) Winthrop Date 9/18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Ocean View (Cemetery) Wells Me. (City or town)

DATE OF BURIAL Sept. 21 34 19

22 NAME OF UNDERTAKER Richard H. White

ADDRESS Winthrop Mass.

Received and filed SEP 27 1934 19 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'34. No. 338[illegible]

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) BOSTON

Registered No. 8258

1 PLACE OF DEATH: (County) SUFFOLK; (City or Town) BOSTON; No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

161

2 FULL NAME Lucy Williams (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 12 Woodside Pk St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Sept 15 1934
11 Total time (years) spent in this occupation 4½ yrs

12 BIRTHPLACE (City) (State or country) Cumberland Md

PARENTS
13 NAME OF FATHER John Williams
14 BIRTHPLACE OF FATHER (City) (State or country) Alexander Va
15 MAIDEN NAME OF MOTHER Ellen Jones
16 BIRTHPLACE OF MOTHER (City) (State or country) Rumlard Md

17 Informant Philip C Williams
(Address 1036 Pola Alto St Wilmington NVa

A TRUE COPY.
ATTEST: Hilda Pedestrom Trainer
(Registrar of city or town where death occurred)
DATE FILED Sept 26 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 19 (Month) 1934 (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Sept 19, 1934
I last saw h. alive on Sept 19, 1934 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
sub arachnoid hemorrhage 9 hrs
cause undetermined

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? anatomical Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N C Baker, M.D.
(Address) Boston Date 9/24/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview (Cemetery) Boston (City or town)
DATE OF BURIAL Sept 24 1934

22 NAME OF UNDERTAKER J B Johnson
ADDRESS Boston

Received and filed OCT 6 1934
(Registrar of City or Town where deceased resided)

Revere Nabisco OCT 8 1934

FORM R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

162

Registered No.

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marcia Badolato (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 28 Temple St St., Ward, Revere (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS:
13 NAME OF FATHER Dominic Badolato
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Louise Rocco
16 BIRTHPLACE OF MOTHER (City) Everett (State or country) Mass

17 Informant Dominic Badolato (Address) 28 Temple St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Clements (Signature of Agent of Board of Health or other)

Health Officer 9/27/34 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934 to Sept. 20, 1934
I last saw her alive on Sept. 20, 1934, death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Intra-Cranial Hemorrhage

Contributory causes of importance not related to principal cause:

Premature

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. J. Zollo, M. D.
(Address) 353 Broadway Revere Date Sept 20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael (Cemetery) Boston (City or town)
DATE OF BURIAL Sept. 22 1934

22 NAME OF UNDERTAKER Salvatore Rocco
ADDRESS Everett

Received and filed SEP 27 1934 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

Revised Un[illegible] States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE L[illegible] OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 163

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 30 Waldemar Ave, St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes B. Dolan (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Waldemar Ave, St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years — Months — Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Winder

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Netting factory

10 Date deceased last worked at this occupation (month and year) — 1933

11 Total time (years) spent in this occupation 7 yrs

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Patrick Dolan

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Bridget Dagin

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

Informant Mrs J. P. Donovan (Address) 30 Waldemar Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childers (Signature of Agent of Board of Health or other)

Vista Officer (Official Designation) 9/24/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 3 1934 to Sept 21, 1934

I last saw her alive on September 21, 1934 death is said to have occurred on the date stated above, at 8.35 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Aug 3 1934
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1930

Name of operation none Date of

What test confirmed diagnosis Clinical & lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Leburg M. D.

(Address) 82 Shirley St Winthrop Mass Date Sept 22 1934

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Calvary (Cemetery) Boston (City or town)

DATE OF BURIAL September 24 1934

22 NAME OF UNDERTAKER Frederick A. Meagher

ADDRESS East Boston

Received and filed SEP 27 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 161

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 34 Chester Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Elizabeth Mussel Somerby (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 34 Chester Avenue St., Ward, (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Eugene B. Somerby (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years 4 Months 13 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Sept 1934
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Norwich
(State or country) Conn.

PARENTS
13 NAME OF FATHER Wallace E. Pratt
14 BIRTHPLACE OF FATHER (City) Norwich
(State or country) Conn
15 MAIDEN NAME OF MOTHER Elizabeth Mussel
16 BIRTHPLACE OF MOTHER (City) Norwich
(State or country) Conn.

17 Informant Eugene B. Somerby
(Address) 34 Chester Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 9/25/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 22 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Apoplexy [illegible]
Not [illegible]

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) William Henry [illegible], M. D.
(Address) Date Sept 25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL September 26 1934

22 NAME OF UNDERTAKER J. S. Waterman & Sons
ADDRESS Boston, Mass.

Received and filed SEP 27 1934 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

ad sized Glands in the Axilla.
epable tumor in the left
domen.

es. from Dept of Vital Statistics
hat was the primary seat of
sarcoma?
formation above secured from
Dickinson

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 165

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 94 Somerset Ave. ~~St.~~, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Church Whorf (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 94 Somerset Ave. ~~St.~~ Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Sarah Edna Lee (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 3 Months 27 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10 Date deceased last worked at this occupation (month and year) April, 1934
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Wellfleet
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Isaiah Whorf
14 BIRTHPLACE OF FATHER (City) Provincetown
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Thannie Baker
16 BIRTHPLACE OF MOTHER (City) Wellfleet
(State or country) Massachusetts

17 Informant Mrs. Sarah E. Whorf
(Address) 94 Somerset Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chuldress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 9/24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 22 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Sept. 22, 1934
I last saw h~~im~~ alive on Sept. 22, 1934, death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Lymphoblastoma	
Sclerosing in type,	Aug. 1934
Lymphoblastoma	
Sclerosing	

Contributory causes of importance not related to principal cause:
None

Name of operation None Date of
What test confirmed diagnosis? Pathological Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gordon W. Dickinson, M. D.
(Address) Winthrop, Mass. Date Sept 23 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL September 24 1934

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass.

Received and filed SEP 27 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-s

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 166

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 36 Bellevue Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Alexander Stewart Troup (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) Civil

(a) Residence. No. 36 Bellevue Avenue St., Ward, Winthrop (Private)
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Clara E. Wheeler (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 91 Years 0 Months 18 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Practice
10 Date deceased last worked at this occupation (month and year) 1919
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER William Troup
14 BIRTHPLACE OF FATHER (City) Wiscasset
(State or country) Maine
15 MAIDEN NAME OF MOTHER Helena Stewart
16 BIRTHPLACE OF MOTHER (City) Bath
(State or country) Maine

17 Informant Ella L. Jackson (Daughter)
(Address) 36 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 9/24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 23, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/16, 1934, to 9/23, 1934
I last saw him alive on 9/23, 1934, death is said to have occurred on the date stated above, at 1 ft m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute dilatation of Heart	[illegible]

Contributory causes of importance not related to principal cause:

Generalized Arteriosclerosis	?

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry [illegible], M. D.
(Address) [illegible] Date 1/24/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL F. Hills Crem. Boston
(Cemetery) (City or town)
DATE OF BURIAL September 25, 1934

22 NAME OF UNDERTAKER J. S. Waterman + Sons
ADDRESS Boston, Mass.

Received and filed SEP 27 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 167

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 274 Winthrop St St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Cyril Dolan Abely (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 274 Winthrop St. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William F. Abely
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Dec 1932.
11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Thomas Dolan
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Shannon
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant William Abely
(Address) 274 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William L. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 9/27/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 24 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 13, 1934, to September 24, 1934
I last saw him alive on Sept 13, 1934, death is said to have occurred on the date stated above, at 10.30 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Pulmonary Tuberculosis	1932.

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) 49 Bartlett Rd. Date Sep 25 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Boston
(Cemetery) (City or town)
DATE OF BURIAL September 27 1934. 19

22 NAME OF UNDERTAKER F. J. Maley
ADDRESS Winthrop, Mass.

Received and filed 19
SEP 27 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'32. No. 7070-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 168

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 82 Fremont St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Forham Watson Walker (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 Fremont St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ethel Williams Walker. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 9 Months 22 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Fish

10 Date deceased last worked at this occupation (month and year) 9/12/34

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) No. Weymouth (State or country) Mass.

PARENTS

13 NAME OF FATHER Edwin Walker.

14 BIRTHPLACE OF FATHER (City) N. H. (State or country)

15 MAIDEN NAME OF MOTHER Unknown White

16 BIRTHPLACE OF MOTHER (City) Marshfield (State or country) Mass.

17 Informant Ethel Williams Walker (Address) 82 Fremont St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/27/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1934, to Sept. 25, 1934

I last saw h. alive on 9-25, 1934, death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic interstitial myocarditis	5/1934
Chronic interstitial nephritis	1931

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Exam + history urine analyzed Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sallie F. Saunders, M. D.

(Address) 32 Woodside Pk. Date 9/25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL No. Weymouth (Cemetery) Winthrop (City or town) No. Wey.

DATE OF BURIAL Sept. 28 1934

22 NAME OF UNDERTAKER Richard H. White.

ADDRESS 147 Winthrop St Winthrop

Received and filed 19

A TRUE COPY, ATTEST: OCT 1 1934 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31 No. 3385

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8366

1 PLACE OF DEATH (County) SUFFOLK BOSTON

(City or Town)

No. Peter Bent Brigham Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert E Bears (If U. S. War Veteran, specify WAR) 169

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 97 Beach Rd St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Isabella Sutherland
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 1- Months 14 Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1927
11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City)
(State or country) Prince Edward Is

PARENTS:
13 NAME OF FATHER John Bears
14 BIRTHPLACE OF FATHER (City)
(State or country) N S
15 MAIDEN NAME OF MOTHER Flora MacFadyen
16 BIRTHPLACE OF MOTHER (City)
(State or country) N S

17 Informant Son Clarence E Bears
(Address) 1 Barnes St Allston

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)

DATE FILED Oct 2 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 26 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Sept 26, 1934
I last saw him alive on Sept 26, 1934 death is said to have occurred on the date stated above, at 10.40 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
pulmonary embolus	term
suprapubic prostatectomy	2 wks
cystitis	2 wks

Contributory causes of importance not related to principal cause:

suprapubic prostatectomy 9/12/
Name of operation resuture of " wound Date of 9/17
What test confirmed diagnosis? clin Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W W Knowlton, M. D.
(Address) Boston Date 9/26/19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Sept 29 19 34

22 NAME OF UNDERTAKER R H White
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 124 Circuit Road ~~St.~~, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: LaForest E. Hall (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 124 Circuit Road. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Emma Witcher Hall (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 4 Months 4 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ship yard

10 Date deceased last worked at this occupation (month and year): 7/1924

11 Total time (years) spent in this occupation: 35

12 BIRTHPLACE (City) (State or country): Rockland Me.

PARENTS

13 NAME OF FATHER: Eli Hall

14 BIRTHPLACE OF FATHER (City) (State or country): Me.

15 MAIDEN NAME OF MOTHER: Not Known

16 BIRTHPLACE OF MOTHER (City) (State or country): Me.

17 Daughter Informant: Anna Swinn (Address) 124 Circuit Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Chalkley (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/29/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept (Month) 28 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Sept 28, 1934

I last saw him alive on Sept 28, 1934, death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Interstitial Nephritis	Aug 1933
Chronic Myocarditis	Aug 1933.

Contributory causes of importance not related to principal cause:

Name of operation: None Date of:

What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond J B Parker, M. D.

(Address) Winthrop Mass Date Sept 29 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Sea View (Cemetery) Rockland Me. (City or town)

DATE OF BURIAL: Sept 30th 1934

22 NAME OF UNDERTAKER: Richard A. White

ADDRESS: 147 Winthrop St. Winthrop Mass.

Received and filed 19

OCT 1 1934

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-30. No. 7997.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town making return)

Registered No. 388

1 PLACE OF DEATH: Middlesex (County); Tewksbury (City or Town); No. State Infirmary St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Matthew McQuillan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 171

(a) Residence. No. St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? ? yrs. ? mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Not learned
(State or country) Ireland

PARENTS
13 NAME OF FATHER Patrick McQuillan
14 BIRTHPLACE OF FATHER (City) Not learned
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Rose Ann Smith
16 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) Ireland

17 Informant (Address) Hospital Records

A TRUE COPY.
ATTEST: John H. Nichols Supt.
(Registrar of city or town where death occurred)
DATE FILED Sept. 26, 1934. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 25, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934 to Sept. 25, 1934
I last saw him alive on Sept. 25, 1934, death is said to have occurred on the date stated above, at 4:10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	Not learned

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? --- Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John R. Hopkins, M. D.
(Address) State Infirmary Date 9/25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Sept. 28, 1934

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop

Received and filed Sept. 25, 1934
(Registrar of City or Town where deceased resided)

C I T Y C L E R K,
Winthrop, Mass.

R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 173

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 18 Chester Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Jane Driscoll Fielding (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 18 Chester Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William F. Fielding (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation 0

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER John Driscoll
14 BIRTHPLACE OF FATHER (City) Augusta
(State or country) Maine
15 MAIDEN NAME OF MOTHER Rose Cannot be learned
16 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

17 Informant William H. Fielding
(Address) 18 Chester Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chalkley M.D.
(Signature of Agent of Board of Health or other)
Health Officer 10/5/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 10 (Month) 4 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/30, 1934, to 10-4, 1934
I last saw h~~e~~er alive on Oct 4, 1934, death is said to have occurred on the date stated above, at 8:45 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Edema of Lungs	IMPORTANT 2 days

Contributory causes of importance not related to principal cause:

Cerebrovascular disease	2

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 10/5/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
DATE OF BURIAL Oct. 1934 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed OCT 8 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 171

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 31 Cross St., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Lawrence Brooks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 Cross St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 26 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10 Date deceased last worked at this occupation (month and year) April 1934

11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Michael

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Julia Rogers

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant Michael Brooks (Address) 31 Cross St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Sullivan Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/5/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 4 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934, to Oct 4, 1934, I last saw him alive on Oct 4 1934, death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Acute cholecystitis	Sept 23
Cholelithiasis	

Contributory causes of importance not related to principal cause:

Acute Abdominal Distention	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Tinkham M. D.

(Address) Winthrop Date 10/8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or town)

DATE OF BURIAL Oct. 6 1934

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed Oct 8 1934

(Registrar)

N. B. WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 175

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 626 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Agnes Simpson Riley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 626 Pleasant St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John S. Riley (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Oct. 1933

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Edward Simpson

14 BIRTHPLACE OF FATHER (City) Buffalo (State or country) New York.

15 MAIDEN NAME OF MOTHER Hannah Marlee

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Informant John S. Riley (Address) 626 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/8/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 5 (Day) 1934. (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1930, to Sept. 30, 1934

I last saw her alive on Sept. 30, 1934, death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Glomerular Nephritis	
Malignant neoplasm (pancreas)	Jan. 1934.
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	
Cardiac failure	
Anemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John E. Cassidy, M. D.

(Address) 60 Main St. Malden Date Oct. 6, 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Oct. 8, 1934

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS Winthrop

Received and filed 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 176

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 71 Bowdoin St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Henry Poor (Senior) { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 Bowdoin St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of Mary Frances ~~Ratigan~~ Rattican
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 3 Months X Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Houses
10 Date deceased last worked at this occupation (month and year) 1924
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Alexander Poor
14 BIRTHPLACE OF FATHER (City) ~~Boston~~ Newburyport
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER ann Whitney ~~Unable to obtain~~
16 BIRTHPLACE OF MOTHER (City) Westbrook,
(State or country) " " " Maine

17 Informant Joseph H. Poor, Jr.
(Address) 71 Bowdoin St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Gildrews
(Signature of Agent of Board of Health or other)
Health Officer 10/8/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 6 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 6, 1934
I last saw him alive on Oct 5, 1934, death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset

IMPORTANT

Hypostatic
Lobar pneumonia

Contributory causes of importance not related to principal cause:

Bronchial asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Dunhamy, M. D.
(Address) Winthrop Mass Date 10/8 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL October 8 1934

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass.

Received and filed 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 177

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 63 Terrace Ave. ~~Sex~~ Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Arthur Baker (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 63 Terrace Ave ~~Sex~~ Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Harriet Rockefeller Forman (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years x Months x Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10 Date deceased last worked at this occupation (month and year) Oct. 1934

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) Freemont (State or country) Ohio

PARENTS

13 NAME OF FATHER Abraham Baker

14 BIRTHPLACE OF FATHER (City) Freemont (State or country) Ohio

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant Mrs. Harriet R. Baker (Address) 63 Terrace Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Chaldrey, D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/9/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 7 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from none, 19, to, 19

I last saw h. alive on, 19, death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Natural Causes Probably

Angina Pectoris — Oct 7 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Board of Health Date Oct 9 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Clyde, ohio (Cemetery) (City or town)

DATE OF BURIAL October 11, 1934

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed OCT 15 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT REC[illegible]D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-o-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 178

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 42 Waldemar Ave St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Curtin (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Waldemar Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Myrtle M. Clason Curtin (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10 Date deceased last worked at this occupation (month and year) May 1930

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Bathurst (State or country) N. B.

PARENTS

13 NAME OF FATHER John Curtin

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Leahy

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Myrtle Curtin (Address) 42 Waldemar Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible] (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/15/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 12 (Day) 1934 (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 1, 1934, to Oct 12, 1934, I last saw h[illegible] alive on Oct 12, 1934, death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT

Carcinoma prostate

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Dinshoney, M. D.

(Address) [illegible] Washington St Date 10/14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston (Cemetery) (City or town)

DATE OF BURIAL Oct 15 1934 19

22 NAME OF UNDERTAKER [illegible]

ADDRESS Winthrop

Received and filed OCT 15 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Monson
(City or town making return)

Registered No. 179

1 PLACE OF DEATH
Hampden (County)
Monson (City or Town)
No. Monson State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace E. Richardson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 437 Winthrop St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 1 mos. 24 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 34 Years — Months — Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10 Date deceased last worked at this occupation (month and year): —
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Albert A. Richardson
14 BIRTHPLACE OF FATHER (City) Braintree
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Mary Simmons
16 BIRTHPLACE OF MOTHER (City) Wells River
(State or country) Vermont

17 Informant Records, Monson State Hospital
(Address) Palmer, Mass.

A TRUE COPY.
ATTEST: Freelon Q. Ball
(Registrar of city or town where death occurred)
DATE FILED October 15, 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 14 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 10, 1929, to Oct. 14, 1934
I last saw her alive on Oct. 14, 1934, death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Pulmonary tuberculosis	March, 1931
Chronic cardiac valvular disease	Sept., 1931

Contributory causes of importance not related to principal cause:

Epilepsy	1903

Name of operation none Date of —
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. H. Guthrie, M. D.
(Address) Palmer, Mass. Date 10/15 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Palmer Center, Palmer
(Cemetery) (City or town)
DATE OF BURIAL Oct. 16, 1934

22 NAME OF UNDERTAKER Aubrey Ballantyne
ADDRESS Palmer, Mass.

Received and filed Oct. 15, 1934
Freelon Q. Ball
(Registrar of City or Town where deceased resided)
NOV 2 1934

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 151

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 63 Cottage Park Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Lorraine~~ Catherine Mycue (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

Lorraine

(a) Residence. No. 63 Cottage Park Road Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 47 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years 1 Months 4 Days 17 | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS
13 NAME OF FATHER Irving Francis Mycue
14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass
15 MAIDEN NAME OF MOTHER Catherine A' Hern
16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass

17 Informant Irving F. Mycue
(Address) 63 Cottage Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 15 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I ~~last~~ never attended deceased from ..., 19..., to ..., 19...
I ~~last~~ never saw ~~her~~ alive on ..., 19..., death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Natural Causes. Probably Enlargement of Thymus Gland. Oct 15, '34

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health Date Oct 15 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL October 17 1934

22 NAME OF UNDERTAKER Frank A. Welsh
ADDRESS 721 Broadway Chelsea

Received and filed OCT 22 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Brookline notified NOV 9 1934

RM R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 181

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Station Hospital, Fort Banks St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Colt Gohn (Maiden Name Laura Colt) (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 324 St. Paul Street St., Ward, Brookline, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred not resident yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
~~HUSBAND of~~ (Give maiden name of wife in full)
(or) WIFE of Joseph F. Gohn, Colonel, U. S. Army
(Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 64 Years 7 Months 12 Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) September 1934
11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Williamstown, Vermont
(State or country)

PARENTS:
13 NAME OF FATHER Joseph George Colt
14 BIRTHPLACE OF FATHER (City) Brooklyn
(State or country) N. Y.
15 MAIDEN NAME OF MOTHER Sophia Fiske
16 BIRTHPLACE OF MOTHER (City)
(State or country) Vermont

17 Informant Col. Joseph F. Gohn
(Address) 324 St. Paul St., Brookline, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chadwick
(Signature of Agent of Board of Health or other)
Health Officer 10/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 28, 1934, to October 16, 1934
I last saw her alive on October 16, 1934, death ~~is said to have~~ occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of sigmoid colon	1934
Paralytic ileus following operation for above	Oct 14, 1934

Contributory causes of importance not related to principal cause:

Arteriosclerosis	unknown

Name of operation Excision and Colostomy Date of
What test confirmed diagnosis? Operation Was there an autopsy? Not

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles L. Sandy Lt Col, M.C. USA, M. D.
(Address) Fort Banks, Mass Date Oct 16 1934

21 PLACE ~~OF BURIAL~~, CREMATION ~~OR REMOVAL~~ Mt Auburn - Cambridge
(Cemetery) (City or town)
DATE OF BURIAL Oct. 18, 1934

22 NAME OF UNDERTAKER B. S. Eastman Funeral Service
ADDRESS Boston - Brookline

Received and filed OCT 22 1934 19
(Registrar)

A TRUE COPY, ATTEST:

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Blackline

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No.

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Station Hospital, Fort Banks St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Colt Gohn (Maiden Name, Laura Colt) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 324 St Paul Street St., Ward, Brookline, Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred Not resident yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (Give maiden name of wife in full) (or) WIFE of Joseph F. Gohn, Colonel, U.S.Army (Husband's name in full)

6 IF STILLBORN, enter that fact here

7 AGE 64 Years 7 Months 12 Days; If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) September 1934
11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) Williamstown, (State or country) Vermont

PARENTS:
13 NAME OF FATHER Joseph George Colt
14 BIRTHPLACE OF FATHER (City) Brooklyn, (State or country) New York
15 MAIDEN NAME OF MOTHER Sophia Fiske
16 BIRTHPLACE OF MOTHER (City) (State or country) Vermont

17 Informant Col. Joseph F. Gohn
(Address) 324 St Paul St., Brookline, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 28, 1934 to October 16, 1934 I last saw her alive on October 16, 1934, death is said to have occurred on the date stated above, at 3:19a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Carcinoma of sigmoid colon	1934
Paralytic ileus following operation for above	Oct 14, 1934

Contributory causes of importance not related to principal cause:

Arteriosclerosis	unknown

Name of operation Excision & Colostomy Date of Oct 12, 34
What test confirmed diagnosis? Operation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles L Gandy, Lt.Col.M.C.U.S.A M. D.
(Address) Fort Banks, Mass. Date Oct 16 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER
ADDRESS

Received and filed OCT 17 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 182

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 30 Bellevue Av St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Finn (If deceased is a married, widowed or divorced woman, give also maiden name) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Bellevue Ave St., Winthrop Ward, (If nonresident, give city or town and state) (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of / (Give maiden name of wife in full) (or) WIFE of / (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Office

10 Date deceased last worked at this occupation (month and year) Oct 1933

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) E Boston (State or country) Mass

PARENTS

13 NAME OF FATHER John J. Finn

14 BIRTHPLACE OF FATHER (City) (State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Mary E. Landy

16 BIRTHPLACE OF MOTHER (City) E Boston (State or country) Mass

17 Informant Marion Tracy (Address) 30 Bellevue Av Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddigan (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/19/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 6 1934 to October 16, 1934

I last saw her alive on October 16, 1934, death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Acute Cardiac dilatation	Oct 16 1934
Contributory causes of importance not related to principal cause:	
Auricular fibrillation	1933

Name of operation none Date of

What test confirmed diagnosis Clinical & lab Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Jacob Ginsburg, M. D.

(Address) 562 Shirley St Winthrop Mass Date Oct 18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Oct 19 1934

22 NAME OF UNDERTAKER Ed. A. Lavin

ADDRESS 201 Bowdoin St Dor.

Received and filed OCT 22 1934 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 183

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lester L. Whitehead (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 26 Charles St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Catherine Walsh Whitehead (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. House of Correction

10 Date deceased last worked at this occupation (month and year) Oct 1924

11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Mark Whitehead

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Helen Baldwin

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mark Whitehead (Address) Circuit Rd. Winth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

HD. (Official Designation) Oct. 19/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 17 (Day) 1934 (Year)

19 I HEREBY CERTIFY. That I attended deceased from October-6, 1934, to Oct. 17, 1934

I last saw him alive on Oct. 17, 1934, death is said to have occurred on the date stated above, at 3.50 p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Myocarditis	Oct. 6-34
Acute Nephritis	Oct-9-34

Contributory causes of importance not related to principal cause:

Broncho-Pneumonia	Oct 16-34

Name of operation Date of

What test confirmed diagnosis? Lab. for Nephritis Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Granger M. D.

(Address) 49 Bartlett Rd Date Oct. 18 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Oct-20 1934 19

22 NAME OF UNDERTAKER John F. O'Maley

ADDRESS Winthrop

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Copy of the Record of a Death filed in the Clerk's office of the

City or Town of Springfield *during the month of* October 19 34

STANDARD CERTIFICATE OF DEATH

184

STATE OF VERMONT

1. PLACE OF DEATH

County Windsor State Vermont Registered No.

Township Springfield or Village or

City No. St., Ward

(If death occured in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Theodore Shannon

(a) Residence: No. 25 Harbor View Ave St., Ward. Winthrop, Mass

(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Melvina Desordia

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc., salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.,

10. Date deceased last worked at this occupation (month and year) Oct. 10, 1934 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Somerville, Mass.

(State or country) Mass.

FATHER

13. NAME James Shannon

14. BIRTHPLACE (city or town) Ireland

(State or country)

MOTHER

15. MAIDEN NAME CatherineClegg

16. BIRTHPLACE (city or town) Ireland

(State or country)

17. INFORMANT James Shannon

(Address) Somerville, Mass.

18. BURIAL, CREMATION, OR REMOVAL Medford, Mass.

Place Oak Grove Date Oct. 21 1934

19. UNDERTAKER David Fudge & Son

(Address) 46 Summer St., Somerville, Mass.

20. FILED Oct. 19, 1934 Zada Kendall

Ass't. Town Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1934, to Oct. 18, 1934

I last saw her alive on Oct. 18, 1934, death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
coronary thrombus	Oct. 12 1934

Contributory causes of importance not related to principal cause:

chronic endocardites

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

OCT. 28 1934

24 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. A. Chapman M. D.

(Address) Springfield, Vt.

ment of OCCUPATI is very important.

I hereby certify that the foregoing is a true copy.

Geo. Kendall
Asst. Town Clerk.

Oct. 19 1934

Section 3777. *NON-RESIDENTS; CERTIFIED COPIES.*

Certified copies when parties are non-residents. Said clerk shall, on the first day of each month, make a certified copy of all births, marriages and deaths filed in his office during the preceding month, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copies to the clerk of the town in which such parents of a child born, the bride or the groom or the deceased was a resident at the time of such birth, marriage or death; and the clerk receiving such copies shall file the same.

These blanks may be obtained of the Secretary of the State Board of Health.

OCT 30 1934

RM R-302

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 338[illegible]

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

SUFFOLK (City or Town) BOSTON (City or Town)

Registered No. 9022

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. N.E. Deaconess Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo Jannini (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 185

(a) Residence. No. 450 Pleasant St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Florinda Marotto (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. undertaker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Oct 19 1934
11 Total time (years) spent in this occupation 1894

12 BIRTHPLACE (City) (State or country) Italy

PARENTS
13 NAME OF FATHER Raffaele Jannini
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Rosa Lepore
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant (Address) Wife

A TRUE COPY.
ATTEST: [illegible] (Registrar of city or town where death occurred)
DATE FILED Oct 23 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 19 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934, to Oct 19, 1934
I last saw h imalive on Oct 18, 1934, death is said to have occurred on the date stated above, at 3.15A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
carbuncle of neck	Sept 1934
diabetes mellitus	Nov 1923

Contributory causes of importance not related to principal cause:

Inc. & drainage of carbuncle of neck
Name of operation P.E. & exam of blood Date of 10/18/34
What test confirmed diagnosis? & urine Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A Marble, M. D.
(Address) Boston Date 10/19/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Oct 22 19 34

22 NAME OF UNDERTAKER M J Porcella
ADDRESS Boston

Received and filed NOV 2 1934 19
(Registrar of City or Town where deceased resided)

1 R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1935

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 51 Loring Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lobie Harriette (Cobb) Dunbar. (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 186

(a) Residence. No. 51 Loring Rd. St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: white.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of Andrew F. (Give maiden name of wife in full) (or) WIFE of Andrew F. Dunbar. (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 8 Months 22 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Crown Point. (State or country) New York.

PARENTS

13 NAME OF FATHER Reuben H. Cobb

14 BIRTHPLACE OF FATHER (City) Alstead (State or country) N. H.

15 MAIDEN NAME OF MOTHER Nancy M. Allen

16 BIRTHPLACE OF MOTHER (City) Fort Ann (State or country) New York.

17 Informant Clarance W. Dunbar. (Address) 464 Weir st. Taunton. Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/20/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 20 (Day) 1934. (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934, to Oct. 20, 1934

I last saw h[illegible] alive on Oct. 19, 1934, death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
1 Chronic myocarditis	1930
arteriosclerosis	1928

Contributory causes of importance not related to principal cause:

Name of operation Clinical Date of [illegible]

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bodie [illegible] M. D.

(Address) Winthrop, Mass. Date Oct. 20, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mayflower (Cemetery) Hu. Taunton Mass. (City or town)

DATE OF BURIAL Oct. 22 1934

22 NAME OF UNDERTAKER M. H. Farley & Son.

ADDRESS 49 Winthrop st. Taunton. Mass.

Received and filed OCT 22 1934 19

A TRUE COPY, ATTEST: (Registrar)

100m-12-'32. No. 7070-h

WARNING: FAILURE TO FOLLOW DIRECTIONS BELOW MAY RESULT IN THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 187

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 386 Shirley St., Ward ((If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Casper Singerman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 386 Shirley St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. days. How long in U. S., if of foreign birth? 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of Rebecca Lebovidge (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap Cutter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory
10 Date deceased last worked at this occupation (month and year) August 1934
11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) Manchester (State or country) England

PARENTS
13 NAME OF FATHER Solomon Singerman
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Dora Feldstone
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Mrs. C. Singerman (wife)
(Address) 386 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childs
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/22/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October Twenty 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 18, 1934, to October 20, 1934.
I last saw h. alive on October 20, 1934, death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Cancer of Bladder
Cardiac Dropsy

Contributory causes of importance not related to principal cause:
Cardiac Regurgitation

Name of operation —— Date of
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. A. Samuel Wingersky, M. D.
(Address) 193 Hanover St. Date Oct 22 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mutual (Cemetery) Montreal (City or town) Canada
DATE OF BURIAL October 22 1934

22 NAME OF UNDERTAKER Benjamin F. Salomon
ADDRESS 720 Harvard St. Brookline

Received and filed 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Revere Hospital 11-1-34

M R-301A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 188

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Ellen Gallagher nee Murray (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Bickford Ave. St., Ward, Revere Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 14 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James Henry Gallagher
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 9 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10 Date deceased last worked at this occupation (month and year) June 1934
11 Total time (years) spent in this occupation life

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

PARENTS
13 NAME OF FATHER Dennis T. Murray
14 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary T. Mulcahy
16 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

17 Informant Mr. James H. Gallagher
(Address) 15 Paine St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
John L. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 10/23/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 9, 1934, to October 21, 1934
I last saw him alive on October 21, 1934, death is said to have occurred on the date stated above, at 11.06 Am.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Chronic Myocarditis	1928
Cardiac Dilatation	10-21-34
Cholelithiasis	1928
Arterio-sclerosis	1928
Chron. interstitial nephritis	1932

Contributory causes of importance not related to principal cause:

Name of operation Cholecystotomy Date of 10/20/34
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased No
If so, specify
(Signed) Harold Krueger M. D.
(Address) 600 Beach St Revere Date 10/22 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Oct. 24 1934

22 NAME OF UNDERTAKER Murray & Murray
ADDRESS 254 Beach St Revere

Received and filed OCT 30 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 189

1 PLACE OF DEATH — County: Suffolk — City or Town: Winthrop

No. 80 Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: George Lane (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 80 Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of: Betsey Lindsey (Give maiden name of wife in full)
(or) WIFE of: (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE: 83 Years 6 Months 23 Days — If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe & leather salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office
10 Date deceased last worked at this occupation (month and year): 1924
11 Total time (years) spent in this occupation: 18

12 BIRTHPLACE (City): Boston
(State or country): Massachusetts

PARENTS
13 NAME OF FATHER: George Lane
14 BIRTHPLACE OF FATHER (City): Boston
(State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Elizabeth Ware
16 BIRTHPLACE OF MOTHER (City): Boston
(State or country): Massachusetts

17 Informant: Mrs. Betsey L. Lane
(Address): 80 Winthrop St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

A. C.
(Official Designation)

Oct. 27/34
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934, to Oct 25, 1934

I last saw him alive on Oct 25, 1934, death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocarditis	Feb 1932

Contributory causes of importance not related to principal cause:

Chronic Interstitial Nephritis	1924

Name of operation: None Date of:
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Oct 26 1934.

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove (Cemetery) Milford Mass (City or town)
DATE OF BURIAL: October 28 1934

22 NAME OF UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop Mass

Received and filed: OCT 30 1934 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 190

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 238 Shore Drive St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John A. Hickey (If deceased is a married, widowed, or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 238 Shore Drive St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10 Date deceased last worked at this occupation (month and year): Nov. 1932

11 Total time (years) spent in this occupation: 41

12 BIRTHPLACE (City): Boston (State or country): Mass

PARENTS

13 NAME OF FATHER: James Hickey

14 BIRTHPLACE OF FATHER (City): (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Margaret M. Field

16 BIRTHPLACE OF MOTHER (City): (State or country): Ireland

17 Informant: Margaret Burke (Address) 97 Washington Ave Win

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

M.O. (Official Designation) Oct. 29/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: October (Month) 26 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 24, 1934 to October 26, 1934

I last saw him alive on October 26, 1934, death is said to have occurred on the date stated above, at 8.30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (Min or Hour)
arteriosclerosis,	years
chronic Endocarditis	years.

Contributory causes of importance not related to principal cause:

Acute Nephritis	Oct. 1. 1934
Broncho-Pneumonia	Oct 24. 1934

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Granger, M. D.

(Address) 49 Bartlett Rd. Date Oct. 27 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Dorchester (City or town)

DATE OF BURIAL Oct 29 1934

22 NAME OF UNDERTAKER: Ed. A. Lane

ADDRESS 201 Bowdoin St Dorchester

Received and filed OCT 30 1934 19

(Registrar)

75m-5-32. No. 5469

IMPORTANT: WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 338

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WORCESTER (City or town making return)

Registered No. 191

1 PLACE OF DEATH: WORCESTER (County) — WORCESTER (City or Town)

No. Worcester State Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria (Strombladt) Ellis (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Cannot be learned St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth 40 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Axel Ellis
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years — Months — Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) 1918
11 Total time (years) spent in this occupation Cannot be learned

12 BIRTHPLACE (City)
(State or country) Sweden

PARENTS
13 NAME OF FATHER Emanuel Stromblad
14 BIRTHPLACE OF FATHER (City)
(State or country) Sweden
15 MAIDEN NAME OF MOTHER Anna Gransen
16 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

17 Informant Worc. State Hospital Records
(Address) Worcester

A TRUE COPY. Malcolm C. Midgley
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED Oct. 30, 1934 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 26, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Oct. 26, 1934
I last saw her alive on Oct. 26, 1934, death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

Cancer of the left breast #50 — 1930

Contributory causes of importance not related to principal cause:

Cardio vascular renal disease #131 — Sev. yrs. ago

Name of operation None Date of —
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Everett Glass, M. D.
(Address) Worcester Date 10/27 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hillside, Shrewsbury
(Cemetery) (City or town)
DATE OF BURIAL Oct. 30, 1934 19

22 NAME OF UNDERTAKER George H Longstreet Co
ADDRESS Worcester

Received and filed NOV 9 1934 19
Malcolm C. Midgley
(Registrar of City or Town where deceased resided)

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every blank should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-r

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

SUFFOLK (City or town making return)

Registered No. 9298

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pauline Kachelnick (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 192

(a) Residence. No. 31 Pearl Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 13 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Oct 1934
11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS
13 NAME OF FATHER Theodore Kachelnick
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Catherine Kachelnick
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Father

A TRUE COPY. ATTEST: Alice Sheridan Quirk (Registrar of city or town where death occurred)

DATE FILED Oct 30 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 28 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 18 1934, to Oct 28, 1934
I last saw her alive on Oct 28, 1934, death is said to have occurred on the date stated above, at 5.07A m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

staphylococcus aneurs septicemia (origin unknown) | 2 wks

Contributory causes of importance not related to principal cause:

Name of operation — Date of
What test confirmed diagnosis? anatomical Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L V Ragsdale, M. D.
(Address) Boston Date 10/28/19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Everett (Cemetery) Hebrew Everett (City or town)
DATE OF BURIAL Oct 28 19 34

22 NAME OF UNDERTAKER R Schlossberg & Son
ADDRESS Dorchester

Received and filed NOV 3 1934 19
(Registrar of City or Town where deceased resided)

Boston Notary 12-6-34

1 R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 1583

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Com. Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernesto Celata (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 75 Lubec St., Ward, East Boston (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lilia Fuccillo (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Construction

10 Date deceased last worked at this occupation (month and year) Nov 2-1934

11 Total time (years) spent in this occupation 5 years

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Michele Celata

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Giuseppina Rizzo

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Alfonso Celata (Brother) (Address) 75 Lubec St. E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) Nov. 8/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 6, 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov. 2, 1934, to Nov. 6, 1934

I last saw him alive on Nov 6, 1934, death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Septicaemia	11/5/34
Contributory causes of importance not related to principal cause:	
Septic Elbow (Left)	11/2/34

Name of operation Incision for drainage Date of 11/4/34

What test confirmed diagnosis? Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Painting Shelter while working

(Signed) R. Bastazo, M. D.

(Address) 238 Maverick Date 11/7/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Nov. 9 — 1934

22 NAME OF UNDERTAKER Patsy Rapino

ADDRESS 9 Chelsea St. E Boston

Received and filed 1934 (Registrar)

Bumper & scraper right elbow while working in a ditch

N. B.—WHITE PAPER, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

information received from Dr. per request of Sec. Office

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 194

1 PLACE OF DEATH: Suffolk (County) — Winthrop Mass (City or town) — No. 156 Wash Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine C Wyman (nee Dyer) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 156 Wash Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Allen G. Wyman (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 2 Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10 Date deceased last worked at this occupation (month and year) Sept. 1934
11 Total time (years) spent in this occupation 30 yr.

12 BIRTHPLACE (City) Medford (State or country) Mass

PARENTS
13 NAME OF FATHER Patrick Dyer
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Maria McMahon
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Allen G Wyman
(Address) 156 Wash Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chaddock (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/9/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 6 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov., 1934, to Nov. 6, 1934
I last saw h. alive on Nov. 6, 1934, death is said to have occurred on the date stated above, at 8.40 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Recurrent carcinoma of liver	

Contributory causes of importance not related to principal cause:

Name of operation Carcinoma liver Date of Feb. 1934
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. Donohoney, M. D.
(Address) E. Weymouth Date 11/7 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop Mass (City or town)
DATE OF BURIAL Nov. 9 1934

22 NAME OF UNDERTAKER Jos L. Burke
ADDRESS 75 Chambers St Boston

Received and filed 19
NOV 15 1934 (Registrar)

100m-9-'33. No. 9321-a

NOTE: WHILE A FAMILY, WITH CONSENT, MAY SUPPLY THE INFORMATION REQUIRED, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

R-301 A

N. B.—WHITE LABEL, WITH ORDINARY BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 195

1 PLACE OF DEATH (County) ..... (City or Town) Washington D.C. No. 1726 M. N.W. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen F Honan (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 9 Albert Ave Winthrop St., ... Ward, ... (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 ? Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt.

10 Date deceased last worked at this occupation (month and year) Nov '34

11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Fall River (State or country) Mass

PARENTS

13 NAME OF FATHER John J Honan

14 BIRTHPLACE OF FATHER (City) Wareham (State or country) Mass

15 MAIDEN NAME OF MOTHER Christina Murphy

16 BIRTHPLACE OF MOTHER (City) Providence (State or country) R. I.

17 Informant Daniel J Honan (Brother) (Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

..... (Signature of Agent of Board of Health or other)

..... (Official Designation) NOV 9 1934 (Date of Issue of Permit) 3109

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 7 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) ..... Date ..... 19.....

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Hood (Cemetery) Brookline (City or town)

DATE OF BURIAL Sat Nov 10 1934

22 NAME OF UNDERTAKER R. C. Kirby Co.

ADDRESS Everett

Received and filed NOV 13 1934 19.....

..... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1015*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

orm 11 H.D.C.

Health Department of the District of Columbia

BURIAL PERMIT No. 363048

ame of deceased Helen Fonan

ate of death Nov 7, 1934

hite ~~Colored Male~~ Female Single ~~Married Widow Divorced~~

ge: Years 47? Months — Days —

ccupation Clerk Dept Commerce

irthplace { Deceased Mass
Father Mass
Mother D of C.

uration of residence in this District 15 yrs

lace of death Casualty Hosp.

lace of residence 1776 N J Ave N W

lause of death { Primary Cutaneous Sclerosis
Duration
Contributory Hypertension
Immediate Apoplexy
Duration

ttending physician R J Conlon, M. D.

Permission is hereby given for the removal of the remains of the above-named person by undertaker Jas Ryan Inc to Boston Mass Cemetery for interment

on Nov 8, 1934

, M. D.
Health Officer.

IMPORTANT

This is a duplicate of the permit issued in this case. This duplicate is not to be returned to the Health Officer of the District of Columbia, but must accompany the remains to their destination.

9—1660 U. S. GOVERNMENT PRINTING OFFICE: 1930

NOV 1

PLAINLY WRITE UNFADING BLACK INK—THIS IS A PERMANENT RECORD

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop

No. 190 Pleasant St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine F. Muldoon (Cain)
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 190 Pleasant St. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles J. Muldoon
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Nov 1924
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER Dennis Cain
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Tobin
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Fredk Muldoon
(Address) 190 Pleasant St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 11/11/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 9 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 1, 1933, to November 6, 1934
I last saw h. alive on November 6, 1934, death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Stomach	November 1933

Contributory causes of importance not related to principal cause:
None

Name of operation None Date of —
What test confirmed diagnosis Clinical Dx Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M.D.
(Address) [illegible] Nov 13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston
(Cemetery) (City or town)
DATE OF BURIAL Nov. 12 1934 19

22 NAME OF UNDERTAKER John [illegible]
ADDRESS Winthrop

Received and filed NOV 13 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 197

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 571 Shirley St St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. (Griffin) O'Leary (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 571 Shirley St St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William O'Leary
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) June 1926
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Lawrence
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER John Griffin
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Cahill
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant William O'Leary
(Address) 571 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Sundress
(Signature of Agent of Board of Health or other)
Health Officer 11/11/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to Nov. 11, 1934
I last saw he alive on Nov. 10, 1934 death is said to have occurred on the date stated above, at 5.45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Arteriosclerosis	5 years
Chronic myocarditis	4 years
Chronic Nephritis	May 1930

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gordon E. Dickinson, M. D.
(Address) Winthrop, Mass. Date Nov 11, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Nov 13 1934 19

22 NAME OF UNDERTAKER John F. O'Neill
ADDRESS Winthrop Massachusetts

Received and filed NOV 15 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 198

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 30 Wilshire St., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Amelia A. (Coffin) Belcher (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Wilshire St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Walter W. Belcher (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Sept. 1934

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)
(State or country) Prince Edward's Island

PARENTS

13 NAME OF FATHER James Coffin

14 BIRTHPLACE OF FATHER (City)
(State or country) Prince Edward's Island

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edward's Island

17 Informant A. Russell Belcher
(Address) 30 Wilshire St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Cundress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 11/13/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 12 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Nov. 12, 1934; I last saw h. alive on Nov. 10, 1934, death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Carcinoma sigmoid

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. Washington, M. D.
(Address) Date 11/13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL November 14, 1934. 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed NOV 15 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 199

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 130 Cliff Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Ives (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 130 Cliff Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced, HUSBAND of Winifred Marguerite Lewis (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 11 Months 10 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye house

10 Date deceased last worked at this occupation (month and year) 1923

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Huddersfield (State or country) England

PARENTS

13 NAME OF FATHER Allan Ives

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Esther Armitage

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Mrs. Winifred M. Ives (Address) 130 Cliff Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 13 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 15, 1931, to November 13, 1934, I last saw him alive on November 13, 1934, death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Cardiac Dilatation	Nov. 13/1934

Contributory causes of importance not related to principal cause:

Chronic atrophic arthritis	1929
Arteriosclerosis	1932

Name of operation none Date of —

What test confirmed diagnosis? Clinical & lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abrams, M. D.

(Address) 562 Shirley St. Winthrop, Mass Date Nov. 14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Nov. 16, 1934 19

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass

Received and filed 19

(Registrar)

NOV 22 1934

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-r

BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9851

1 PLACE OF DEATH: (County) SUFFOLK; (City or Town) BOSTON

No. Boston Dispensary St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

200

2 FULL NAME John A Simons (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Ocean St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Mary A Sheridan (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumber

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. W B Johnston

10 Date deceased last worked at this occupation (month and year) 1932

11 Total time (years) spent in this occupation 20 yrs

12 BIRTHPLACE (City) (State or country) Northfield Minn

PARENTS

13 NAME OF FATHER Adam J Simons

14 BIRTHPLACE OF FATHER (City) (State or country) Germany

15 MAIDEN NAME OF MOTHER Mary O'Donnell

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Wife (Address)

A TRUE COPY ATTEST: Nida Gladstone Clerk (Registrar of city or town where death occurred)

DATE FILED Nov 19 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 14 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934, to Nov 14, 1934

I last saw him alive on Nov 14, 1934, death is said to have occurred on the date stated above, at 4.30P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Dates of onset)

Heart failure —

Contributory causes of importance not related to principal cause:

coronary sclerosis ?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S H Droger, M. D.

(Address) Boston Date 11/15/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)

DATE OF BURIAL Nov 17 1934

22 NAME OF UNDERTAKER W J Cassidy

ADDRESS Boston

Received and filed DEC 10 1934 1934

(Registrar of City or Town where deceased resided)

2M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 91 Bartlett Road, Winthrop St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Agnes Monahan (If U. S. War Veteran, specify WAR) 201
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 91 Bartlett Road St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Joseph P. Monahan
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Nov 1934
11 Total time (years) spent in this occupation 35.

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER John Lynch
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Norton
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Catherine Monahan
(Address) 91 Bartlett Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chadderdon
(Signature of Agent of Board of Health or other)
Health Officer 11/19/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 (Month) 15 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Nov 15, 1934
I last saw h. alive on Nov 5, 1934, death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	11/6/34

Contributory causes of importance not related to principal cause:

General Arteriosclerosis	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry [illegible], M. D.
(Address) Hingham Date 11/19/34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Calvary, Boston
(Cemetery) (City or town)
DATE OF BURIAL November 19, 1934. 19

22 NAME OF UNDERTAKER Richard C. Kirby
ADDRESS East Boston

Received and filed 19
NOV 22 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 202

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 21 Orlando Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Sophia (Gaines) Hanmer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Orlando Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John Randolph Hanmer
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years X Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) July, 193
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Hartford
(State or country) Connecticut

PARENTS
13 NAME OF FATHER Albert Gaines
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
15 MAIDEN NAME OF MOTHER Hester Hills
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant John R. Hanmer
(Address) 21 Orlando Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chadsey
(Signature of Agent of Board of Health or other)
Health Officer 11/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 (Month) 16 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November, 1934 to Nov 16, 1934
I last saw h. alive on Nov 16, 1934, death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Edema of Lungs	3 days
Contributory causes of importance not related to principal cause:	
Carcinoma of Breast	2 yrs

Name of operation Removal of Breast Date of Nov 11/32
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Howard A. Kelly, M. D.
(Address) Winthrop Date 11/17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Center East Hartford
(Cemetery) (City or town) Conn.
DATE OF BURIAL Nov. 19 1934

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed 19
NOV 22 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 203

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 25 Girdlestone Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Edward Van Wart (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Girdlestone Road St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 6 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of XXXXXXX (Give maiden name of wife in full)
(or) WIFE of XXXXXXX (Husband's name in full)

6 IF STILLBORN, enter that fact here. XXXXX

7 AGE Years 4 Months 6 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXX
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXX
10 Date deceased last worked at this occupation (month and year) XXXXX
11 Total time (years) spent in this occupation XXXX

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Charles H. Van Wart
14 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Eva P. Raynard
16 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) Nova Scotia

17 Informant Charles H. Van Wart
(Address) 25 Girdlestone Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Gildress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 11/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 16 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934, to Nov. 16, 1934
I last saw him alive on Nov. 15, 1934, death is said to have occurred on the date stated above, at 4.55 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Bronchitis	Aug 15 '34,
Broncho Pneumonia	Oct 20 '34,

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Eugene E. Richards M. D.
(Address) Winthrop, Mass. Date Nov 17, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Nov. 18, 1934

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ..... 19.....
NOV 21 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 204

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 115 Loring Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Davis Irish Colburn (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Loring Road St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John H. Colburn (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 8 Months 10 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) 11/1/34
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Southbridge (State or country) Mass

PARENTS
13 NAME OF FATHER Isaac Irish
14 BIRTHPLACE OF FATHER (City) — (State or country) —
15 MAIDEN NAME OF MOTHER —
16 BIRTHPLACE OF MOTHER (City) — (State or country) —

17 Informant Daughter Mrs. G. W. Sherman
(Address) 115 Loring Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death has been filed with me BEFORE the burial or transit permit was issued:
Wm. D. Caldwell M.D.
(Signature of Agent of Board of Health or other)
Health Officer 11/19/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 16 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 1932 to Nov 16, 1934
I last saw he alive on Nov 15, 1934, death is said to have occurred on the date stated above, at 11:45 a.m. p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Myocarditis	1932

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis Clinical Signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. J. O'Brien M.D. M. D.
(Address) 50 Wash. Ave Winthrop Nov 17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Medford (Cemetery) (City or town)
DATE OF BURIAL 11/19/1934 19

22 NAME OF UNDERTAKER Chas R Brennan
ADDRESS Winthrop Mass

Received and filed NOV 22 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edmund A. Spence (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 205

(a) Residence. No. 22 North Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced, HUSBAND of Margaret M. McEwan (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years — Months 27 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirby Inc. Undertakers

10 Date deceased last worked at this occupation (month and year) Nov 1934

11 Total time (years) spent in this occupation 4

12 BIRTHPLACE (City) Rahway, (State or country) New Jersey

PARENTS

13 NAME OF FATHER Peter Spence

14 BIRTHPLACE OF FATHER (City) Brooklyn, (State or country) New York

15 MAIDEN NAME OF MOTHER Emma Brown

16 BIRTHPLACE OF MOTHER (City) Brooklyn, (State or country) New York

17 Informant Margaret M. Spence (wife) (Address) 22 North Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/21/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 (Month) 20 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov 20, 1934

I last saw him alive on Nov 20, 1934, death is said to have occurred on the date stated above, at 9.10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Haemorrhage	11/15/34

Contributory causes of importance not related to principal cause:

General Uremic Poisoning	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry A. Seelig, M. D.

(Address) Winthrop Date 11/20 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, (Cemetery) Winthrop (City or town)

DATE OF BURIAL November 22, 1934

22 NAME OF UNDERTAKER Richard C. Kirby

ADDRESS East Boston

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-302

(BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 9983

1 PLACE OF DEATH: (County) SUFFOLK; (City or Town) BOSTON

No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph W Kahn (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 296

(a) Residence. No. 79 Grover's Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Marie Barron (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 25 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pharmacy
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) May 1934
11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS
13 NAME OF FATHER Morris Kahn
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Ida Tuck
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Father-in-law Henry Barron
(Address) above

A TRUE COPY.
ATTEST: Nida Pedestrom Finis
(Registrar of city or town where death occurred)
DATE FILED Nov 22 19 34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 20 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 20, 19 34, to Nov 20, 19 34
I last saw him alive on Nov 20, 19 34 death is said to have occurred on the date stated above, at 8.50A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
subacute bacterial endocarditis (strept. viridous)	3 mos

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M J Rhees, M. D.
(Address) Boston Date 11/20/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Adath Jeshurn (Cemetery) W Rox (City or town)
DATE OF BURIAL Nov 21 19 34

22 NAME OF UNDERTAKER M Stanetsky
ADDRESS Boston

Received and filed DEC 10 1934 19
(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-r

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.

Revere, mailed 12-10-34

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 207

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Lincoln Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Hilthers (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 108 Washburn Ave St., Ward, Revere (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stillborn
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER Neil S. Hilthers
14 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Olive L. ~~Hilthers~~ Hoffman
16 BIRTHPLACE OF MOTHER (City) ~~Southampton~~
(State or country) South Easton Mass.

17 Informant Neil S. Hilthers
(Address) 108 Washburn Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) Dec. 6 '34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 23 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from / / 19 to / / 19
I last saw h alive on 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
Stillborn
Prematurity 7½ mo
Prolapsus cord
Transverse presentation

Contributory causes of importance not related to principal cause:

Cranistomy

Name of operation Cranistomy Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold Murgrave, M. D.
(Address) 605 Beach St Revere Date 11/30 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cemetery (Cemetery) Malden (City or town)
DATE OF BURIAL Nov. 30 1934

22 NAME OF UNDERTAKER Thomas F. Carroll
ADDRESS 9 Winthrop St.

Received and filed Dec. 10, 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.. *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body, which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Revere Mahfed 12-10-34

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30. No. 7997-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St., Lincoln Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Olive L Withers
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 138 Washburn Ave St., Ward, Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Neil L Withers
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years 5 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10 Date deceased last worked at this occupation (month and year) 1934
11 Total time (years) spent in this occupation 8 yrs

12 BIRTHPLACE (City) South Easton
(State or country) Mass

PARENTS
13 NAME OF FATHER William Hoffmann
14 BIRTHPLACE OF FATHER (City) Williamsburg
(State or country) New York
15 MAIDEN NAME OF MOTHER Annie L Doherty
16 BIRTHPLACE OF MOTHER (City) East Cambridge
(State or country) Mass

17 Informant Neil L Withers
(Address) 138 Washburn Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chedes
(Signature of Agent of Board of Health or other)
40 Dec. 6/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 2 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 15 1934, to Nov 2 1934
I last saw h. alive on Nov 2 1934, death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Acute Cardiac dilatation	11/2/34
Acute bronchitis	11/11/34
Pregnancy 7½ mos	

Contributory causes of importance not related to principal cause:

Name of operation Delivery Transverse Date of 11/20/34
What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold Murphy, M. D.
(Address) 600 Beacht St Revere Date 11/21 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL Nov 5-3 1934

22 NAME OF UNDERTAKER Thomas F Carroll
ADDRESS 9 Atlantic Revere

Received and filed Dec. 10, 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 209

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 135 Highland Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Elizabeth Shoffstall Simmons (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 135 Highland Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stephen Elroy Simmons
(Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years 4 Months 18 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) 11/20
11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) Wayland
(State or country) Mass

PARENTS
13 NAME OF FATHER George H. Shoffstall
14 BIRTHPLACE OF FATHER (City) Wayland
(State or country) Mass
15 MAIDEN NAME OF MOTHER Maria Giles
16 BIRTHPLACE OF MOTHER (City) Wayland
(State or country) Mass

17 Informant Stella E. Simmons
(Address) 135 Highland Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. Nov. 23/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 22, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov. 22, 1934, I last saw h. alive on Nov 22, 1934, death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
Angina pectoris

Contributory causes of importance not related to principal cause:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Mulvey, M. D.
(Address) Winthrop Date 11/25 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary, Winthrop Mass
(Cemetery) (City or town)
DATE OF BURIAL 11/25-1934 19

22 NAME OF UNDERTAKER C. R. Brennan
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 210

1 PLACE OF DEATH (County) .....
(City or Town) .....
No. 249 SHORE DRIVE St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abraham Osgood { (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 249 Shore Drive St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): WIDOWER

5a If married, widowed, or divorced
HUSBAND of ESTHER A WISE
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTER

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10 Date deceased last worked at this occupation (month and year) NOV. 17, 1934

11 Total time (years) spent in this occupation 25 YEARS

12 BIRTHPLACE (City) .....
(State or country) RUSSIA

PARENTS

13 NAME OF FATHER UNKNOWN

14 BIRTHPLACE OF FATHER (City) .....
(State or country) RUSSIA

15 MAIDEN NAME OF MOTHER UNKNOWN

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) RUSSIA

17 Informant CATHERINE R. FLOYD
(Address) DAUGHTER 249 SHORE DR.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent - Nov. 24/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 23 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to Nov. 23, 1934
I last saw him alive on Nov. 23, 1934, death is said to have occurred on the date stated above, at 8.45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Arteriosclerosis	IMPORTANT

Contributory causes of importance not related to principal cause:
senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Rubin Furaluick, M. D.
(Address) 256 Dennington St. Date Nov 4 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL SHARA TFILO - W. Roxbury
(Cemetery) (City or town)
DATE OF BURIAL Nov. 25, 1934 19

22 NAME OF UNDERTAKER HARRIS ROSENTHAL
ADDRESS 447 BLUE HILL AVE. ROX

Received and filed ..... 19 .....
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

2M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 338[illegible]

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10215

1 PLACE OF DEATH: County: SUFFOLK; (City or Town): BOSTON

No. Boston State Hospital St.; Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Quinn (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 211

(a) Residence. No. Winthrop Mass St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Quinn (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10 Date deceased last worked at this occupation (month and year) unk

11 Total time (years) spent in this occupation unk

12 BIRTHPLACE (City) (State or country) Concord NH

PARENTS

13 NAME OF FATHER William Clark

14 BIRTHPLACE OF FATHER (City) (State or country) Brattleboro Vt

15 MAIDEN NAME OF MOTHER Amanda Harris

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant (Address) Hospital records

A TRUE COPY
ATTEST: Hilda Hedstrom Irish
(Registrar of city or town where death occurred)

DATE FILED Dec 3 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 23 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Nov 23, 1934
I last saw her alive on Nov 23, 1934, death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
carcinoma of breast	1930
chronic endocarditis	1922
general arteriosclerosis	unk

Contributory causes of importance not related to principal cause:

Psychosis with cerebral arterioscl.	Aug/21

Name of operation Date of
What test confirmed diagnosis? clin exam autopsy autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L D Chapman, M. D.
(Address) Boston Date 11/23/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL Nov 28 1934

22 NAME OF UNDERTAKER T F Brady
ADDRESS 2 Hyde Park Ave F H

Received and filed Dec 10, 1934
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2378

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 31 Hawthorne Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary Reed
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR): 212

(a) Residence. No. 21 Hawthorne Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? 55 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Samuel Reed
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10 Date deceased last worked at this occupation (month and year) 1918
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)
(State or Country) Ireland

PARENTS
13 NAME OF FATHER: Timothy O'Leary
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER: Johannah McCarthy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant: Mrs. Daniel Doherty (daughter)
(Address) 21 Hawthorne Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 11/26/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov. (Month) 24 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934 to Nov. 24, 1934
I last saw her alive on Nov. 23, 1934, death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Chronic myocarditis	1921
Chronic Nephritis	1930
anemia	Nov 2, '34.
Contributory causes of importance not related to principal cause:	
Pneumonia	Nov 6, '34.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. W. Pierkinson, M. D.
(Address) Winthrop, Mass. Date Nov 24 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery), Winthrop (City or town)
DATE OF BURIAL Nov. 26, 1934 19

22 NAME OF UNDERTAKER: Richard C. Kelly
ADDRESS East Boston

Received and filed NOV 27 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 213

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 32 Marshall St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Charlotte Emma Gurke (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR): no

(a) Residence. No. 32 Marshall St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Heinrich Emil Gurke (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 5 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City): New York
(State or country): New York

PARENTS
13 NAME OF FATHER: William Schalppe
14 BIRTHPLACE OF FATHER (City): Saxony,
(State or country): Germany
15 MAIDEN NAME OF MOTHER: Wilhelmina --------
16 BIRTHPLACE OF MOTHER (City): Berlin
(State or country): Germany

17 Informant: Mrs. Anna Woods
(Address) 32 Marshall St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm P. Chelders
(Signature of Agent of Board of Health or other)

140 (Official Designation) Dec. 1/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: November (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to November 29, 1934
I last saw her alive on November 28, 1934, death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocardial Degeneration	1932
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1930
Senility	1933

Name of operation none Date of
What test confirmed diagnosis Clinical & Lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob G. Abrams, M. D.
(Address) 562 Shirley St., Winthrop, Mass. Date Nov. 30, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthro (Cemetery) Winthrop (City or town)
DATE OF BURIAL Dec. 1 19 34

22 NAME OF UNDERTAKER A. E. Longstaff
ADDRESS 77 Summer St., Malden

Received and filed DEC 3 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

actures, multiple, of the
ower, right, femur,
ight pelvis, and dorsal
, right wrist, ending
wards Pneumonia &
fanticide) caused by
electric railroad
cident
(Pedestrian)

Canvassing Blank April 1, 1934

No. 1

Residence April 1, 1933,

Number of Families in House 1

rses

Asst. Assessor's Number 3

RM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-2-'30. No. 7997-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 19,729

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Joseph Hasson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 214

(a) Residence. No. Winthrop 24 Fairview Ave St., Ward,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 IF STILLBORN, enter that fact here. —

7 AGE 80 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pumping Sta., Dom. Mass

10 Date deceased last worked at this occupation (month and year) 1924

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

13 NAME OF FATHER John Hasson

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth Hasson O.K.

16 BIRTHPLACE OF MOTHER (City) Londonderry
(State or country) Ireland

17 Informant Iris Susan Hasson
(Address) 24 Fairview St., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 12/7/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 5 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture, multiple, of the femur, r. t. pelvis, multiple, and left pub. r. & l. rami. Injuries, bones(?) fracture (hospital) Cause of accident unknown (Pedestrian)

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop

(Signed) Carson Wright M. D.

(Address) Suffolk Co. Date Dec 5 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL December 10, 1934

22 NAME OF UNDERTAKER W. F. Kelly

ADDRESS 11 Meridian St. Bos.

Received and filed 19

DEC 12 1934 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 245

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 319 Winthrop St St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RUTH MARIE HERBERT (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 319 Winthrop St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 26 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) [illegible] 1934

11 Total time (years) spent in this occupation 2

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER John

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Catherine E. Hickey

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Julia Herbert
(Address) 319 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jm. D. Chadsey
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) Dec. 8-'34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 (Month) 5 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/3, 1934, to 12/5, 1934

I last saw h. alive on 12-5, 1934, death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Coronary Thrombosis	2 days

Contributory causes of importance not related to principal cause:

Diabetes Mellitus	?

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank Quilty, M. D.
(Address) 205 Pleasant Date 12/6 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL Dec 8 1934 19

22 NAME OF UNDERTAKER Joh. J. McCarthy.
ADDRESS Winthrop Massachusetts

Received and filed 19

DEC 12 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass
(City or town making return)

Registered No. 216

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Howell C. Wardwell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 114 Pleasant St., Ward,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ida (Barrett) Wardwell
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 3 Months 8 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store
10 Date deceased last worked at this occupation (month and year) May, 1931
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Stoneham
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER David K. Wardwell
14 BIRTHPLACE OF FATHER (City) Olsfield
(State or country) Maine
15 MAIDEN NAME OF MOTHER Susan Briggs
16 BIRTHPLACE OF MOTHER (City) Paris
(State or country) Maine

17 Informant Record of Welfare Dept.
(Address) Town of Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Aulders
(Signature of Agent of Board of Health or other)
Health Officer 12/7/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) Fifth (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 5, 1934
I last saw him alive on Dec 5, 1934, death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset
Carcinoma Colon
Contributory causes of importance not related to principal cause:
Arteriosclerosis
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Rushmore, M. D.
(Address) Winthrop Date 12/5/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lindenwood (Cemetery) Stoneham Mass. (City or town)
DATE OF BURIAL December 7th. 1934

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St. Winthrop, Mass.

Received and filed DEC 12 1934 19
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31 No. 3385

BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10472

1 PLACE OF DEATH: (County) SUFFOLK; (City or Town) BOSTON

No. Strong Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jackson (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 217

(a) Residence. No. 108 Brookfield Rd St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days; If less than 1 day Hours 15 Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) E Boston Mass
(State or country)

PARENTS
13 NAME OF FATHER Nels C Jackson
14 BIRTHPLACE OF FATHER (City)
(State or country) Sweden
15 MAIDEN NAME OF MOTHER Pura Olafsson
16 BIRTHPLACE OF MOTHER (City)
(State or country) East Boston

17 Informant Mrs Carl Olafsson
(Address) Winthrop

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)

DATE FILED Dec 11 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 6 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934, to Dec 6, 1934, I last saw him alive on Dec 6, 1934, death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

premature birth
7 mos pregnancy

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J H Strong, M. D.
(Address) Boston Date 12/7/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Dec 8 1934

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed JAN 9 1935
(Registrar of City or Town where deceased resided)

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 338S-27

BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10497

1 PLACE OF DEATH (County) SUFFOLK (City or Town) BOSTON

No. Infants Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jackson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 218

(a) Residence. No. 108 Brookfield Rd St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months 2 Days | If less than 1 day Hours Minutes

OCCUPATION:
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) E Boston Mass (State or country)

PARENTS:
13 NAME OF FATHER Niels Jackson
14 BIRTHPLACE OF FATHER (City) (State or country) Sweden
15 MAIDEN NAME OF MOTHER Tora Olafson
16 BIRTHPLACE OF MOTHER (City) (State or country) E Boston

17 Informant Grandmother T Olafson
(Address) above

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)

DATE FILED Dec 11 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 8 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934 to Dec 8, 1934
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
prematurity 12/8/34

Contributory causes of importance not related to principal cause:
ateleclasis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M Gill, M. D.
(Address) Boston Date 12/8/ 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Dec 10 1934

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed JAN 9 1935 19
(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK, THIS

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 219

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 483 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet (Owen) Winter (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 483 Shirley St., Ward, (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femsle

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles G. Winter (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 7 Months 3 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Manchester
(State or country) England

PARENTS
13 NAME OF FATHER Elias Owen
14 BIRTHPLACE OF FATHER (City)
(State or country) Wales
15 MAIDEN NAME OF MOTHER Jane Barnett
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Son Harold R. Winter
(Address) 15 Elliott St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 12/10/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 9 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 8, 1932 to December 9, 1934
Last saw her alive on December 9, 1934, death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Chronic Myocardial Degeneration	1931

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1930
Senility	1934

Name of operation none Date of —
What test confirmed diagnosis Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Shirley St. Winthrop Mass Date Dec. 10 1934.

21 PLACE OF ~~BURIAL~~ CREMATION OR ~~REMOVAL~~ Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL Dec. 12/34 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

A TRUE COPY, ATTEST: DEC 12 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is ervy important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-4

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 21 Sturgis St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leah Jacobs Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Sturgis St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 9 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Cohen (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 46 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) Aug. 1934
11 Total time (years) spent in this occupation 23

12 BIRTHPLACE (City) Boston, (State or country) Mass

PARENTS
13 NAME OF FATHER Asher Jacobs
14 BIRTHPLACE OF FATHER (City) (State or country) England
15 MAIDEN NAME OF MOTHER Sophie Myers
16 BIRTHPLACE OF MOTHER (City) New York, (State or country) N. Y.

17 Informant Jacob Cohen
(Address) 21 Sturgis St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Wildrey, D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/16/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 9 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 27, 1934, to December 9, 1934
I last saw her alive on December 9, 1934, death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cirrhosis of Liver	1933

Contributory causes of importance not related to principal cause:

Chronic Myocardial Degeneration	1934

Name of operation none Date of —
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Huntington Ave. Boston Date Dec. 9, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Roxbury Mutual (Cemetery) Montvale (City or town) Woburn
DATE OF BURIAL Dec. 11, 1934

22 NAME OF UNDERTAKER Benjamin T. Solomon
ADDRESS 420 Harvard St., Brookline.

Received and filed 19
DEC 1[illegible] 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 221

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Rear 227 Shirley St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph A. Campbell (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Rear 227 Shirley St. St., Ward, (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Katherine (McHugh) Campbell (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 2 Months 17 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine shop

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lowell (State or country) Mass.

PARENTS

13 NAME OF FATHER John Campbell

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Mary Green

16 BIRTHPLACE OF MOTHER (City) P. E. I. (State or country)

17 Informant Wife Katherine (McHugh) Campbell (Address) 23 Freemont Street Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/13/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 10 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I never attended deceased from ..., 19..., to ..., 19...

I ~~last~~ never saw h. ~~liv~~ alive on ..., 19..., death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Natural Causes Probably	
Angina Pectoris	Dec 10 1934

Contributory causes of importance not related to principal cause:

Name of operation no Date of

What test confirmed diagnosis? Investigation Was there an autopsy? no.

20 Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Board of Health Date Dec 10 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Immaculate Conception (Cemetery) Revere (Place)

DATE OF BURIAL Dec 13 1934

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed DEC 17 1934 19...

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
...	...
...	...
Contributory causes of importance not related to principal cause:	
...	...
...	...
...	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Community Hospital, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Cahill (If deceased is married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 62 Chester Ave. Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months 1 Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Edward J. Cahill

14 BIRTHPLACE OF FATHER (City) St. Johns (State or country) N.F.

15 MAIDEN NAME OF MOTHER Elizabeth B. Dearie

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant E. J. Cahill (Address) 62 Chester Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Quadrezzi (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/12/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 11 (Day), 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to Dec. 11, 1934

I last saw him alive on Dec. 10, 1934, death is said to have occurred on the date stated above, at 1.17 m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cardiac Maldevelopment	IMPORTANT Dec. 10, 1934

Contributory causes of importance not related to principal cause:

none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. J. O'Brien M.D., M. D.

(Address) 38 Winthrop St. Date Dec 11 1934

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Dec. 13 1934

22 NAME OF UNDERTAKER Frederick A. Magatt

ADDRESS East Boston

Received and filed DEC 12 1934 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH (County) ..... (City or Town) Winthrop No. 134 Circuit Rd. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth V. Greene (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 134 Circuit Rd. St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of John F. Greene (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years — Months — Days If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10 Date deceased last worked at this occupation (month and year) ..... 11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) Boston.
(State or country) .....

PARENTS
13 NAME OF FATHER Cornelius Doyle
14 BIRTHPLACE OF FATHER (City) Ireland
(State or country) .....
15 MAIDEN NAME OF MOTHER Mary Duggan
16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country) .....

17 Informant John Greene
(Address) 134 Circuit Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Cuddeyer
(Signature of Agent of Board of Health or other)
Health Officer 12/14/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 11 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 30 1934, to Dec. 11, 1934
I last saw her alive on Dec. 11, 1934 death is said to have occurred on the date stated above, at 11 40 a m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cancer right breast	May 1932

Contributory causes of importance not related to principal cause:

Name of operation Breast removed Date of May 1933
What test confirmed diagnosis? clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Lydia M. Dickinson, M. D.
(Address) Winthrop, Mass. Date Dec 13 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL Dec 14 1934

22 NAME OF UNDERTAKER William J. Cashin
ADDRESS 56 Warren St. Revere

Received and filed ..... 19.....
DEC 1 7 1934
DEC 17 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

M R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-11-'30. No. 605-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 224

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. 37 Dolphin Ave. St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. (Rourke) Jessop { (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 37 Dolphin Ave St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John J. Jessop
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10 Date deceased last worked at this occupation (month and year) .....
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Cambridge
(State or country) Mass

PARENTS
13 NAME OF FATHER Michael Rourke
14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Julia Murphy
16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Miss Madaline Jessop (daughter)
(Address) 37 Dolphin Av. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. Dec. 14/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 13, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1934 to Dec. 13, 1934
I last saw her alive on Dec. 12, 1934 death is said to have occurred on the date stated above, at 5.50 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Cerebral Hemorrhage	Nov 6, 34

Contributory causes of importance not related to principal cause:

Bronchopneumonia	Dec 11, 1934

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deseased? NO
If so, specify .....
(Signed) Lydia M. Dickinson, M. D.
(Address) Cambridge Date Dec 14 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge. Cambridge
(Cemetery) (City or town)
DATE OF BURIAL Dec 16 1934 19.....

22 NAME OF UNDERTAKER Joseph H. Ricker
ADDRESS 106 Prospect St. Cambridge

Received and filed DEC 17 1934 19.....
A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

1 R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1035

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 103 Upland Rd. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Thomas Lee Hunt
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 103 Upland Rd. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years 4 Months 29 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER Lee Grant Hunt
14 BIRTHPLACE OF FATHER (City) Publeo
(State or country) Colo
15 MAIDEN NAME OF MOTHER Mary Thomas
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant Mother Mary T. Hunt
(Address) 103 Upland Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. T. Guldress
(Signature of Agent of Board of Health or other)
Health Officer 12/17/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 15 /34
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Never, 19, to, 19
I last saw her alive on Dec 15, 1934, death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Natural Causes Probably	
Food Intoxication	Dec 8/34
Improper feeding	

Contributory causes of importance not related to principal cause:

Name of operation no Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond R Parkin, M. D.
(Address) Winthrop Board of Health Date Dec 17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Dec. 17 /34 19

22 NAME OF UNDERTAKER Richard H. White
ADDRESS Winthrop Mass.

Received and filed 19

A TRUE COPY, ATTEST: DEC 31 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 25 Orlando Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward G. Richardson (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Orlando Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married.

5a If married, widowed, or divorced HUSBAND of Minnie ~~Richardson~~ Williams (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 10 Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assessor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Income Tax Office

10 Date deceased last worked at this occupation (month and year) 1934

11 Total time (years) spent in this occupation 17

12 BIRTHPLACE (City) Boston Mass (State or country)

PARENTS

13 NAME OF FATHER George Richardson

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER Susan Hewes

16 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

17 Informant Minnie Richardson Wife (Address) 24 Orlando Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Greenberg (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/17/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 16 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 16, 1934

I last saw h. alive on Dec 16, 1934, death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Dilatation of Heart	8 Days

Contributory causes of importance not related to principal cause:

Chronic Nephritis	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry A. Kelly, M. D.

(Address) Winthrop Date 12/17 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)

DATE OF BURIAL Dec 19 1934 19

22 NAME OF UNDERTAKER J. Schatzman Son

ADDRESS Boston

Received and filed 19

DEC 31 1934

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easly enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 502

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town); No. U.S. Marine Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or town making return)

2 FULL NAME William Murch (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) War

(a) Residence. No. 79 Cliff Ave. St., Ward, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Adelaide Wider (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd Mate

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS. Quincy

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston, (State or country) Mass.

PARENTS

13 NAME OF FATHER Eben

14 BIRTHPLACE OF FATHER (City) Gorham, (State or country) Maine

15 MAIDEN NAME OF MOTHER Elexina Poor

16 BIRTHPLACE OF MOTHER (City) Belfast, (State or country) Maine

17 Informant U.S. Marine Hospital records (Address)

A TRUE COPY.

ATTEST: [illegible] (Registrar of city or town where death occurred)

DATE FILED Dec. 19, 34 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 17, 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 34, to Dec. 17, 34, 19

I last saw him alive on Dec. 17, 34, 19, death is said to have occurred on the date stated above, at 1.35 p.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Abscess of Right Lung, secondary to Pneumococcemia. Intracranial extension non-hemolytic streptococcus.

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Richard C. Cooke, M. D.

(Address) U.S. Marine Hosp. Date 12/17 19 34

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or town)

DATE OF BURIAL Dec. 19, 19 34

22 NAME OF UNDERTAKER Richard H. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed JAN 3 1935 19

(Registrar of City or Town where deceased resided)

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No.

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 105 Grover ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cordelia M Lambert (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 288

(a) Residence. No. 105 Grover Ave St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of W (Give maiden name of wife in full) Lambert (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 1 Months 5 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Madison (State or country) New Hampshire

PARENTS
13 NAME OF FATHER Stephen Grover
14 BIRTHPLACE OF FATHER (City) Lovell (State or country) Me
15 MAIDEN NAME OF MOTHER Martha Gray
16 BIRTHPLACE OF MOTHER (City) Bethlehem (State or country) N.H.

17 Informant A A Kennett
(Address) Grover Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Health Officer Dec. 19/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 19 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January, 1929, to Dec 19, 1934
I last saw h. alive on Dec 18, 1934, death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocarditis	1929
Bronchopneumonia	12/17/34

Contributory causes of importance not related to principal cause:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E W Irwin, M. D.
(Address) 20 Crescent Ave Revere Date 12/19 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Madison (Cemetery) Madison N.H. (City or town)
DATE OF BURIAL Dec 22 1934

22 NAME OF UNDERTAKER Garnett Funeral Home
ADDRESS Gardnerville N.H.

Received and filed DEC 21 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Shirley notified 1-9-35

FORM R-301

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'31. No. 3385-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 223

Registered No.

1 PLACE OF DEATH: Suffolk, (County) Winthrop (City or Town) No. Station Hospital, Ft. Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lloyd Doyle Clockadile, Jr. (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Main St., Ward, Shirley, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of — (Husband's name in full)

6 IF STILLBORN, enter that fact here —

7 AGE — Years — Months — Days; If less than 1 day 4 Hours 25 Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10 Date deceased last worked at this occupation (month and year) None

11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

PARENTS:

13 NAME OF FATHER Lloyd Dovle Clockadile

14 BIRTHPLACE OF FATHER (City) Presque Isle (State or country) Maine.

15 MAIDEN NAME OF MOTHER Gladys Margaret Withers

16 BIRTHPLACE OF MOTHER (City) Carlstadt (State or country) New Jersey

17 Informant Lloyd D. Clockadile (Address) 30 Main St. Shirley, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) Dec 21/34

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 19 (Day) 1934. (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5:00 P.M. Dec. 19, 1934, to 10:25 P.M. Dec. 19, 1934

I last saw him alive on Dec. 19, 1934, death is said to have occurred on the date stated above, at 10:25 P.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)

Pulmonary atelectasis, following prolonged and difficult labor

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) JOHN D. YARBROUGH, Lt. (jg) (M.C) U.S.N.

(Address) Sta. Hosp., Ft. Banks, Date Dec. 19 1934

21 PLACE OF BURIAL CREMATION OR REMOVAL Mt Vernon Cemetery (Cemetery) Arlington (City or town)

DATE OF BURIAL Dec 22 — 1934 19

22 NAME OF UNDERTAKER Albert Stacey

ADDRESS Whitman Mass

Received and filed DEC 21 1934 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAW OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Boston Post 1-9-35

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH: Suffolk (County) East Boston (City or Town) No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Redmond (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 309 Chelsea St., 1 Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Francis X Redmond

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Mary McGunigle

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Francis X Redmond (Address) 309 Chelsea St E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Caldwell (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/24/34 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 20. 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 20 1934 to Dec 20 1934

I last saw h. alive on Dec 20 1934, death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset

Premature birth by medical labor. (Craniotomy) — IMPORTANT 10/20/34

Contributory causes of importance not related to principal cause: Chronic nephritis and hypertension (of Mother) — 8/1/34

Name of operation Craniotomy Date of 12/20/34

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Stewart, M. D.

(Address) 19 Pruitt St Date 12/21 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels (Cemetery) Boston (City or town)

DATE OF BURIAL Dec 24 1934

22 NAME OF UNDERTAKER Frederick G Magrath

ADDRESS 64 Meridian St East Boston

Received and filed 19

DEC 21 1934 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith B. Hendrick (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 52 Emerson Rd. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Never
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Walter
14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Josephine V. Hayes
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Massachusetts

17 Informant Walter Hendrick
(Address) 52 Emerson Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter D. Hendrick
(Signature of Agent of Board of Health or other)
Health Officer 12/22/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 (Month) 10 (Day) 34 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/10, 1934, to 12/20, 1934
I last saw he alive on 12/20, 1934, death is said to have occurred on the date stated above, at 8 45 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Progressive Muscular Hypotrophies	
Dysatrophia	20 yr.

Contributory causes of importance not related to principal cause:
Paralysis of Respiratory muscles

	15

Name of operation Tracheotomy Date of 12/15/34
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Harry W. Wells, M. D.
(Address) Winthrop Date 12/21 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL December 22 1934. 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed 19
DEC 31 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-31. No. 3385-

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 10944

1 PLACE OF DEATH

(City or Town)

No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J Sweeney (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 232

(a) Residence. No. 90 Atlantic St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Mary A O'Brien
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. US P O

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lawrence
(State or country)

PARENTS

13 NAME OF FATHER John

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen E Kennedy

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Wife
(Address)

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)
DATE FILED Dec 26 1934

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 21 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Dec 21, 1934
I last saw him alive on Dec 21, 1934, death is said to have occurred on the date stated above, at 8.22 P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

carbuncle of neck | 2 wks

Contributory causes of importance not related to principal cause:

pyemia
multiple avscesses of lungs, kidneys and heart | 3 dys

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L V Ragsdale, M. D.
(Address) Boston Date 12/21/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)
DATE OF BURIAL Dec 24 1934

22 NAME OF UNDERTAKER J T O'Maley
ADDRESS Winthrop

Received and filed JAN 9 1935 19
(Registrar of City or Town where deceased resided)

Boston notified 1-9-35

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Welch (If deceased was married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 66 Haywood Ave St., Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER: Edward Welch

14 BIRTHPLACE OF FATHER (City) South Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Loretta Pomeroy

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

17 Informant: Edward Welch
(Address) 66 Haywood Ave E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddeby
(Signature of Agent of Board of Health or other)

Health Officer 12/26/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: December (Month) 25 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h[redacted] alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Still Born

Contributory causes of importance not related to principal cause:

Toxemia Pregnancy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Fred O'Regan, M. D.
(Address) 670 Saratoga Date 12/26 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL: Dec 27 1934

22 NAME OF UNDERTAKER: David J. Dooley
ADDRESS 135 London St. E. Boston

Received and filed ..... 19.....
DEC 31 1934
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1134

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 10 Revere St. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Belcher Etherington
(If deceased is a married, widowed or divorced woman, give also maiden name.)
{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 10 Revere St. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining Supplies
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Shelbourne
(State or country) N.S.

PARENTS
13 NAME OF FATHER Walter
14 BIRTHPLACE OF FATHER (City) Shelbourne
(State or country) N.S.
15 MAIDEN NAME OF MOTHER Nancy Belcher
16 BIRTHPLACE OF MOTHER (City) Shelbourne
(State or country) N.S.

17 Informant Mrs Hayden
(Address) 10 Revere St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chaldress
(Signature of Agent of Board of Health or other)
Health Officer 12/29/34
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 29 (Day) 1934 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Dec 29, 1934
I last saw him alive on Dec 28, 1934, death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Dec 19, 1934.

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Perkins, M. D.
(Address) Winthrop Mass. Date Dec 29, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Lynn
(Cemetery) (City or town)
DATE OF BURIAL Dec 29 1934 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed DEC 31 1934 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

FORM R-302

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-r

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11192

1 PLACE OF DEATH (County) SUFFOLK

(City or Town) BOSTON

No. Mass General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Howard F Worthley (If U. S. War Veteran, specify WAR) 285

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 163 Sewall Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 10 Months 15 Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. asst mge

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lynn Mass
(State or country)

PARENTS

13 NAME OF FATHER Mark J Worthley

14 BIRTHPLACE OF FATHER (City)
(State or country) Antrim NH

15 MAIDEN NAME OF MOTHER Josephine Brackett

16 BIRTHPLACE OF MOTHER (City)
(State or country) Lynn

17 Informant Sister Pauline Worthley
(Address) above

A TRUE COPY.

ATTEST: [illegible]
(Registrar of city or town where death occurred)

DATE FILED Jan 3 1935

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 29 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 29, 1934
I last saw him alive on Dec 29, 1934, death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
acute appendicitis with perforation	2 wks
peritonitis	2 wks

Contributory causes of importance not related to principal cause:

broncho pneumonia	3 dys

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M J Rhees, M. D.
(Address) Boston Date 12/29/1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Short & Williamson Inc (Cemetery) Boston (City or town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER
ADDRESS

Received and filed JAN 9 1935 19
(Registrar of City or Town where deceased resided)

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 397 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Frances Madden (Burke) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 397 Pleasant St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. — mos. — days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John F. Madden (Husband's name in full)

6 IF STILLBORN, enter that fact here. —

7 AGE 62 Years — Months — Days; If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10 Date deceased last worked at this occupation (month and year) Dec. 1934

11 Total time (years) spent in this occupation 24

12 BIRTHPLACE (City) ~~Situate~~ Scituate (State or country) Mass.

PARENTS

13 NAME OF FATHER Martin Burke

14 BIRTHPLACE OF FATHER (City) — (State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Dunn

16 BIRTHPLACE OF MOTHER (City) — (State or country) Ireland

17 Informant Mrs Margaret E. Caswell sister (Address) 29 South St., Plymouth, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cardress M.D. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/1/35 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 31 1934 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 30 1934, to Jan 31 1934, I last saw he alive on Jan 30 1934, death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset IMPORTANT

Intestinal hemorrhage due to carcinoma colon

Contributory causes of importance not related to principal cause:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Tomkinson, M. D.

(Address) Winthrop Date 12/31 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Nativity (Cemetery) Scituate (City or town)

DATE OF BURIAL January 2 1935

22 NAME OF UNDERTAKER M. J. Kelly

ADDRESS 11 Meridian St., E. B.

Received and filed JAN 2 1935 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

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RULES OF PRACTICE

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